NHS LANARKSHIRE REMOBILISATION PLAN 4 (RMP4)

(a mid-year update of RMP3)

April 2021 – March 2022

reflects position at 4th October 2021

Final Plan - approved by the Lanarkshire NHS Board on 15th December 2021

Health&Social Care North Lanarkshire

South Lanarkshire Health and Social Care Partnership

NHS Lanarkshire

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As detailed below, this Remobilisation Plan was developed and reviewed by the NHS Lanarkshire Corporate Management Team. However, due to time constraints, the Remobilisation Plan was not formally agreed by Lanarkshire NHS Board prior to submission to the Scottish Government on 4th October 2021. Following receipt of a formal response from the Scottish Government, the Plan was considered and approved by the Lanarkshire NHS Board on 15th December 2021. The Plan will now be shared with the Area Partnership Forum and Area Clinical Forum at their next scheduled meetings in February 2022.

1.0 INTRODUCTION

CONTEXT

The Remobilisation Plan 4 (RMP4) was developed in response to the Scottish Government's (SG) July 2021 commissioning letters, and is a **mid-year update** of the RMP3 which was written in February 2021. The draft RMP4 was developed by the NHS Lanarkshire Corporate Management Team (CMT) over August and September 2021 and provides details of the Lanarkshire response to March 2022 (where possible). While the draft Plan was reviewed by the CMT, due to time constraints, it has not been possible for the NHS Board to formally approve the Plan or share it with the Area Partnership Forum (APF) or Area Clinical Forum (ACF) ahead of submission to the Scottish Government. The draft Plan will be shared with the Area Clinical Forum and the Area Partnership Forum in the near future.

Many uncertainties remain with respect to the ongoing and future impact of the global COVID-19 pandemic. NHS Lanarkshire is committed to maximising a successful and sustained recovery of services as quickly as possible. However, the impact of COVID-19 and non-Covid demands on the service in recent months has contributed to a significant deterioration in our planning assumptions. As such, the scope of this Plan is limited in terms of our ability to accurately assess how the whole system can address the ongoing challenges of responding to the pandemic and how quickly the remobilisation process can take effect.

1.1 BACKGROUND

The NHS Lanarkshire Remobilisation Plan 4 for 2021/22 is a whole system plan for Health and Care Services in Lanarkshire and reflects the response to COVID-19 from NHS Lanarkshire, North Lanarkshire Health & Social Care Partnership and South Lanarkshire Health & Social Care Partnership. The development of the Plan has been an iterative process, building on the "response" position detailed within the NHS Lanarkshire (NHSL) Mobilisation Plan (versions 1.0 to 9.0 from April - May 2020), the "response" position detailed in the Response, Recovery & Redesign Plan (June 2020) and the "remobilisation" position explained in previous Remobilisation Plans, RMP2 in July 2020 and RMP3 in February 2021. The Area Partnership Forum and Area Clinical Forum have contributed throughout the development of the Plans and will continue to contribute to the ongoing development and implementation of the Plan.

This work sits within a wider context where leaders from Health, Integration Joint Boards, Local Authorities, Third and Independent Sectors, citizens and other public bodies are working to maximise response and recovery in Lanarkshire.

NHS Lanarkshire has experienced the highest number of COVID-19 cases per capita in Scotland since the start of the pandemic and has had the second highest number (after NHS GGC) of hospital bed

days occupied by COVID-19 patients since April 2021. In line with other NHS Boards, NHS Lanarkshire will remain on an emergency footing until at least 31st March 2022. This Plan is being complied in August and September 2021 when the number of positive Covid-19 cases have been at their highest levels. In addition, there has been a sustained increase in Non- COVID-19 demand on both primary and secondary care services. This is due to pent up demand, limited access to virtually all areas of health care over the last 18 months, postponed planned care and the re-emergence of other viral infections. This is likely to continue throughout the winter and will hamper recovery. Accordingly, our emergency departments, primary care, community, acute and mental health services are all still working in emergency response mode and experiencing significant service pressures. Most recently these pressures have been so significant that elective procedures were paused system-wide. This situation will remain under close review.

Additionally, a number of staff from community care services have been re-deployed from their normal roles to support inpatient care. This obviously impacts on the overall recovery programmes.

Furthermore, plans are well developed to deliver the biggest ever seasonal influenza vaccination programme, alongside the delivery of third Covid vaccines for all eligible members of the population and eligible health and care staff. Whilst significant numbers of the required staff team have been employed, it is envisaged that there will require to be some occasions where there will be staff from other roles redeployed/provide sessional input to ensure completion of the programme.

Delivery of the RMP4 will be undertaken within the context of the development of our new health and wellbeing strategy, *Our Health Together: Living our best lives in Lanarkshire.* Our new strategy will reflect: progress achieved during 2020/21 against planned programmes; current challenges; the emerging landscape; and our aspirations for 2021/22 and beyond.

We note the commencement of the Scottish Government's *A National Care Service for Scotland: consultation*, which sets out proposals to improve the delivery of social care in Scotland through the creation of a National Care Service (NCS). The outcome of the consultation will be reflected in future iterations of the Remobilisation Plan.

1.2 EQUALITY IMPACT ASSESSMENT (EQIA)

NHS Lanarkshire recognises that the remobilisation, redesign or development of any new service/s, has the potential to have differential impacts on different groups in our community. We are committed to ensuring that all of our services undertake Equality Impact Assessments (EQIAs) to help us identify any potential barriers that these may present. From there we will take appropriate steps to mitigate or minimise those impacts to ensure our services are accessible, inclusive and equitable for our population.

The impact of the Covid-19 pandemic has been a strong reminder that health and wellbeing outcomes are influenced by wider determinants in terms of life circumstances and opportunities, and fundamentally the control people have over their lives.

The development of the new NHSL health and wellbeing strategy *Our Health Together* provides an opportunity to do things differently and for a purposeful shift in the organisational culture from models of treatment and care towards a culture which prioritises prevention and early intervention,

wellbeing, resilience and equity. In recognition of this, the Fairer Scotland Duty (FSD) and Children's Rights and Wellbeing Impact Assessment requirements have been integrated within the EQIA process.

1.3 ADDRESSING INEQUALITIES

NHS Lanarkshire has taken forward a range of partnership strategies to address inequalities under the six public health priorities. As described at section 1.2, an integrated EQIA has been designed to be integral to the recovery process, with all services required to consider the impact of inequalities as they set out recovery plans. This has included giving consideration to inequalities that have been exacerbated by COVID-19 and offering alternative approaches to meet the needs of specific groups. For example, face to face appointments for those who are digitally excluded.

NHS Lanarkshire is developing a new health and wellbeing strategy, *Our Health Together,* and is taking a system wide inequalities approach to the strategy development. This will involve a range of actions which include:

- maximising NHS Lanarkshire's role as an anchor organisation;
- working with community planning partners to address wider determinants of health;
- embedding an integrated impact assessment (incorporating EQIA, Fairer Scotland Duty and Children's Rights and Wellbeing Impact Assessment) into service redesign;
- working with communities through adoption of co-production principles; and
- embedding an organisational development approach which prioritises inequalities through staff training and quality improvement approaches.

Early work has been taken forward by Public Health to consider the impacts of the pandemic across four areas: mental health, long term conditions, access; and cancer and this work will be further developed through a population needs assessment which will inform the key areas for development of the new strategy. Consideration will be given to whether more detailed health needs assessments are required for specific vulnerable populations.

Reducing the inequalities faced by minority ethnic groups, people experiencing the most socioeconomic disadvantage, as well as other protected characteristics.

As noted above, NHS Lanarkshire's Equality Impact Assessment (EQIA) has embedded the Fairer Scotland Duty and the Children's Rights and Wellbeing Impact Assessment and is being used as services recover. Health improvement work, in partnership with locality community planning teams, is progressing a range of programmes which target those most vulnerable across all six public health priorities. The Keep Well team specifically target health checks to vulnerable groups including BAME communities and those from deprived backgrounds.

Over the last year work has been taken forward to target both the COVID-19 vaccine and the community testing programme to those who are most disadvantaged. An EQIA was taken forward for the COVID-19 vaccination programme and informed the development and implementation of an action plan. This included targeted work with BAME communities and those experiencing homelessness. In addition, Outreach Community Champions have been recruited to champion testing and vaccines and have engaged with traveling communities, food banks, mosques, senior's groups, homeless units and BAME communities. This has resulted in over 8,500 test kits being distributed since May 2021.

Expert Reference Group on Covid-19 and Ethnicity Recommendations - Health Ethnicity Data Collection

Ethnicity is a mandatory field on TrakCare and Reception staff have all been trained on ensuring ethnicity information is captured routinely from patients. However, not all patients are willing to provide this information. Where appointments have been managed through digital platforms healthcare professionals will capture this information directly. Further improvements to data recording will be taken forward as part of the new strategy action plan.

Understanding & Addressing Negative Impacts of Work on Staff from Minority Ethnic Backgrounds & Other Protected Characteristics

NHS Lanarkshire has made a commitment to establish and support Equality staff networks. Examples of this include:

- establishment of an Ethnic Minority employee network;
- establishment of the LGBTQ+ network, with the first meeting of the network scheduled to take place in November 2021; and
- development of a Disability staff network.

Staff from ethnic minority groups were actively targeted during COVID-19 to undertake risk assessments in order to ensure risks to their health and wellbeing were mitigated.

Plans to Reduce Health Inequalities & Address the wider determinants of Health

NHS Lanarkshire's Integrated Population Health Plan has a range of measures to address health inequalities and address the wider determinants of health. This plan will be subsumed within the new health and wellbeing strategy and a suite of measures will be developed to monitor progress in addressing inequalities in both health outcomes and their wider determinants.

2.0 PERFORMANCE APRIL 2021 – SEPTEMBER 2021

The delivery of the vaccination programme has had a positive impact on the disease spread and health challenges associated with COVID-19, and it is anticipated that this will continue through the expansion of the vaccination programme to now include 12 to 15 year olds and booster vaccinations for the over 50s. However, we continue to operate in exceptional circumstances with significant and urgent challenges associated with balancing the response to COVID-19 related demands with non-COVID related demands. This will pose significant risk to Lanarkshire's Health and Care System during 2021/22 and beyond.

NHS Lanarkshire has experienced the highest number of COVID-19 cases per capita in Scotland since the start of the pandemic and has had the second highest number of hospital bed days occupied by COVID-19 patients since April 2021. The emerging new strains remain endemic in the population and NHS Lanarkshire has been the NHS Board most severely impacted by the pandemic during August and September 2021, with the number of recorded positive Covid-19 cases at their highest levels. In addition, there has been a sustained increase in Non-COVID-19 demand on both primary and secondary care services. This is due to pent up demand, limited access to virtually all areas of health care over the last 18 months, postponed planned care and the re-emergence of other viral infections. This is likely to continue throughout the winter and will hamper recovery. The pressures associated with this surge, together with significant demands on A&E services, required elective procedures to be paused system-wide, with significant numbers of staff from both acute and community care services re-deployed to help address pressures in the system. As a result, our emergency departments, primary care, community, acute and mental health services are all still working in emergency response mode and experiencing significant service pressures at this time.

This has had a direct impact on our ability to achieve a successful and sustainable remobilisation of services.

The Delivery Planning Templates provide details of key service recovery plans and trajectories for the remainder of 2021/22 and illustrate NHS Lanarkshire's commitment to maximising recovery wherever safe and possible. However, achievement of these service recovery plans and trajectories, and delivery of the additional activity projected in the National Recovery Plan, will be constrained by workforce issues and the ongoing impact of COVID-19.

3.0 PANDEMIC RESPONSE

Between 14th March 2021 and 14th September 2021, there were over 45,000 cases of COVID-19 notified to NHS Lanarkshire, with nearly 40,000 of these in the last 3 months. This has had a significant impact on the local population in terms of mortality, direct morbidity, direct adverse mental health, as well as other social impacts. Indirect morbidity impacts have also been experienced in relation to continued restrictions associated with access to healthcare.

This surge in COVID-19 activity has presented the Public Health (PH) Directorate with unprecedented challenges in responding to the Pandemic in the community and reducing the transmission of COVID-19 in the population through contact tracing. (The vast majority of the 45,000 positive cases were contacted for interview by the Test & Protect service). In addition, a significant number of these cases have been associated with adult and other residential social care premises, resulting in numerous adverse effects which in turn impacts the staff supporting them and the Health Protection Team. This level of support provided by the Public Health Team is not sustainable, and the certainty that this burden will increase as we head into winter is of significant concern.

During these last six months, the successful roll-out of the COVID-19 vaccination programme has provided a solid foundation on which to potentially build a future sustainable COVID-19 Public Health Strategy. Implementation of the Lanarkshire PH COVID-19 Tactical Plan has focused on establishing arguable the most robust testing programme for COVID-19 in the United Kingdom, even Europe. This is as a direct result of investment in our surveillance and epidemiology team, which has enhanced capacity to analyse the data from the testing programme, as well as data from contact tracing, hospitals, care homes, etc. Once received this data is translated into actionable health intelligence for all stakeholders. This includes health and social care partnerships, environmental services, education, acute hospitals, primary care, community care services, as well as Police Scotland and the Fire & Rescue service.

Over the next six months, we aim to transition parts of the tactical plan to enable us to adapt not only to the current phase of this Pandemic, but in anticipation of the next phase. These would include: targeted vaccination efforts supported by public messaging; more in-depth public health investigation of cases including public health analytical studies; and evaluation of our testing strategy to ensure it remains efficient and effective.

Our focus for the next three months will be robust winter planning around care homes - testing, case and outbreak management, Test & Protect and community testing. We are also making sure our staffing rotas for all the PH operational teams can cope with up to three times our current work burden including for non-COVID infections like influenza, norovirus, Respiratory Syncytial Virus (RSV) and other respiratory infections.

3.1 ICU CAPACITY

To address the challenges associated with responding to the COVID-19 pandemic, NHS Lanarkshire significantly increased the number of level 3 beds across the 3 acute sites, with an expansion of up to 250% on the baseline. It is anticipated that this number of level 3 beds will continue to be required to address the needs of the COVID-19 patients who continue to present and require critical care, and as the backlog of urgent cases are managed.

NHS Lanarkshire has committed to increasing level 3 capacity by an additional 4 level 3 beds permanently by winter 2021. These beds will be distributed across the 3 acute sites (within the existing footprint) and funding has been provided for this development by Scottish Government. This is further described in the Delivery Planning Template. The key to this increase is the recruitment of 22 band 5 critical care nursing staff. As of September 2021, 10 band 5 nurses have been appointed. Recruitment continues with the aim of having all posts filled by the end of the year. This however remains a significant risk.

Additional work is also underway to improve flexibility, policy and processes between the 3 critical care units in Lanarkshire. This will promote movement of staff between the 3 units. Delays in stepping down patients from level 3 is another factor in level 3 availability. The plan within NHS Lanarkshire is to augment Level 1 and Level 2 care so this can be displaced safely across the critical care units.

While Critical Care nursing staff are key to level 3 capacity, there is also a requirement for additional AHP input to support ITU patients. Discussions are ongoing around funding for these services.

3.2 VACCINATION PROGRAMME

All planning for both COVID-19 and seasonal flu vaccine programmes is well developed and programmes commenced accordingly. All planning has been done on a Lanarkshire wide basis, with close engagement across the two H&SCPs and Councils. Similarly, both Councils have assisted in the identification and selection of venues which have been chosen to have a good balance between accessibility, volume and maximising as many people being vaccinated safely in as short a time as realistically possible. In this respect, plans have built on the experience of the 2020 flu vaccination campaign as well as the COVID-19 vaccination campaign where NHS Lanarkshire has had higher than average uptake levels.

Full programme details have been shared with Scottish Government colleagues in relation to the delivery of the vaccines programme and are described in Appendix 1.

As will be noted from the programme details, school children will have their flu vaccines accelerated in early September, with vaccines for both flu and COVID-19 boosters starting for care home residents w.c. 20 September 2021.

NHS Lanarkshire was also offer drop in COVID-19 vaccines for 12-15 year olds w.c. 20 September. This will continue throughout the coming weeks until all eligible children who are looking to access the vaccine will have been offered an opportunity to receive the same. Active discussion has been ongoing with respective Directors of Education throughout the process.

In relation to staff vaccines for both health and eligible care staff, all plans are well in place and appointments filling rapidly. These have been advertised to all relevant staff across all areas, including independent care providers, independent nursery staff and any other eligible groups. Communications staff across both Councils and NHS Lanarkshire will continue to advertise and promote the programme to maximise uptake. All the community based staff will be able to access the respective locality centres to ensure as much staff uptake as possible. Hospital based staff will receive vaccines in the respective hospital site, if they feel this to be most convenient for them. All staff will use the portal to book appointments.

3.3 TEST & PROTECT

The Lanarkshire Test & Protect Service will be maintained at current levels until at least March 2022. The service will be reviewed in January 2022 to take cognizance of changes in the demand for COVID-19 related activity, and demand for support to non-COVID-19 communicable disease activity (i.e. contact tracing for outbreaks, travel related infections). A key risk to the ongoing provision of the service is that staff may commence seeking alternative employment from the winter period prior to March 2022. This situation will be closely monitored.

During August and September 2021, we experienced a surge in case numbers as social distancing was reduced. The Delta variant is the current predominant variant being seen in Lanarkshire cases, but there may yet be a further surge if a highly infectious new variant develops. Currently, Lanarkshire is topping the tables across Europe in relation to positive COVID-19 case numbers. Although, the data reflects that NHS Lanarkshire has a high uptake of testing compared to other NHS Boards in Scotland.

The Service is under continual review to meet the evolving and changing demands of the Pandemic. This is done by collation of Local and National data which is evaluated at the twice weekly meetings of the Test and Protect Board and NHSL Public Health Strategic Command. In addition, review is undertaken at the weekly National Test and Protect (TaP) COTIN meeting attended by the NHSL TaP Clinical Lead and Manager. As a result of ongoing review, the service has been remodelled as described below.

T&P – implementation of the remodelled service:

a. Prioritisation of cases and contacts

- Aim for 24 hour case investigation to prevent spread from people with positive PCR or LFD and close calls after 3 attempts in 24 hours.
- Reduce time on case investigation by focussing on contact identification and capturing basic information on possible source.
- Reduce time on calling contacts by sending SMS to household contacts and reserving calls to non-household contact to identify source
- Plan to reduce calls to contacts where there is evidence of full vaccination with second vaccine more than 2 weeks previously.
- Implement use of the TaP National online CO3 form for cases which is self-populated and uploaded to the CMS. This cuts down use of direct calls when there is a surge in cases to allow collation of data more quickly.

b. Implement reviewed skill mix

- Recruited and trained Band 3 contact tracers to support Band 5 staff in routine contact tracing.
- Recruited and trained Band 5 team leads to support Band 3 contact tracers and the newly appointed Band 5 Contact Tracing Practitioners.
- Recruited and trained Band 6 Investigating Officers Specialist TaP Nurses to investigate and manage clusters and outbreaks.
- New posts since August 2021- 34x new Band 5 Contact tracing practitioners to carry out in depth complex case investigation.
- Band 7- Team Lead Co-ordinator (commencing Sept 2021) to support the B6 Investigating Officers Specialist TaP Nurses and CTP's, ongoing training and clinical audit and supervision.

c. Reorganisation cluster oversight

- Implement daily rota to maintain oversight of premises and school's clusters. IO Specialist B6 TaP Nurses will oversee and risk assess as required. They will work in liaison with the Data Analysts for identification of potential or emerging clusters/outbreaks to ensure early interventions are in place.
- Establish dedicated premises and schools support from the IO Specialist TaP Nurses to enhance skills and consistency of support. Designated staff rolling over a 7 day rota service 8am – 8pm.
- Implementation of the Scot Gov Guidance from 9th August 2021 regarding Covid Contacts and isolation criteria.

3.4 LONG COVID

NHS Lanarkshire has established a Long Covid multi-disciplinary working group, which has a strong focus on rehabilitation. The group is chaired by the North H&SCP Medical Director, who also sits on the national Long Covid leads group. The NHS Lanarkshire Head of Occupational Therapy is also a representative on the SIGN guideline panel.

The group's membership includes representatives from North and South health and social care partnerships, general practice, nursing, health promotion, AHPs, public health and analytics, mental health and multiple acute specialities; cardiology, ENT and respiratory.

The Long Covid Group's work has been informed by outputs from a subgroup of the NHS Lanarkshire Rehabilitation Strategy, which is chaired by a senior respiratory physiotherapist. The group also includes a wide range of third sector and leisure representatives.

The clinical team on the Long Covid group, including GP representation, have worked up an agreed clinical referral pathway for people who remain breathless after Covid. This is the most common symptom and one which the SIGN guidance emphasises. The authorisation has been given for the appointment of a range of support staff, including respiratory physiotherapists and a number of AHP staff, including an AHP Rehabilitation Consultant. We would expect to have them in post over the next 3 – 4 months, depending on staff availability. The clinical referral pathway can be shared and

fully enacted when SCI Gateway proformas have been agreed upon and respiratory physiotherapists are in post.

If alternative causes for symptoms post Covid have been excluded, people with ongoing debilitating symptoms will be supported by a rehabilitation team who will ensure that care is co-ordinated. This team will comprise Speech & Language Therapists, physiotherapy, respiratory physiotherapy, occupational therapy and psychology. It will signpost people to available community resources when appropriate. Referral criteria and SCI Gateway performs will be worked up to support the referral pathway to this team.

Like most NHS Boards, there are ongoing challenges around access to RTproBNP blood tests and respiratory physiology. We are currently working through what support we may require for these. Our aim is to medicalise Long Covid symptoms only when it is required and fruitful to do so. Our focus will be on re-ablement, with referral to secondary care as the exception not the norm. We will share the referral pathways through our professional routes and with local residents once they are up and running. This will include information on self-help and local community resources. Due to the need to exclude alternative causes for some of the symptoms of Long Covid, in particular breathlessness and the small but real possibility of an alternative serious diagnosis, we do not propose to enact self-referral to the rehabilitation team at this time.

4.0 PLANNING FOR WINTER

The winter planning process has been ongoing since mid-summer and the attached Winter Preparedness pro forma at Appendix 2 has been shared across the various partners and compiled with their respective inputs.

A series of initial developments to assist in mitigating against the impact of winter has already been identified and work is currently ongoing in relation to funding.

It will be noted from the Self-Assessment that there are a number of areas where it is not possible to provide assurance in relation to **not**, e.g., impacting on waiting times, elective surgery, and so on given the existing pressures in the system and the need to cancel/stand down many areas of work. For example, theatre capacity is significantly reduced currently due to the number of COVID-19 inpatients, ITU capacity and staff shortages. It is unlikely to have recovered prior to November and there will therefore be a proportionate backlog on top of what was already extended waiting times for elective procedures.

Additionally, as all Health Boards and H&SCPs advertise for additional staff to support the recovery process and the largest ever vaccination programme (Covid and influenza), then so there is less 'surplus' staff available than would normally be the case to support the winter planning process. Moreover, there are also significant shortages of social care staff to support both care at home provision and filling vacancies in the care home sector. All of these add to the risk rating around being able to fully staff and implement the normal winter mitigating actions.

5.0 NHS RECOVERY PLAN

NHS Lanarkshire is committed to maximising a successful and sustained recovery of services as quickly as possible. However, the impact of COVID-19 and non-Covid demands on the service in recent months has contributed to a significant deterioration in our planning assumptions.

In light of the changing picture, this presents a significant risk on our ability to the deliver the additional activity projected in the NHS Recovery Plan. As such, recovery trajectories are no longer consistent with the recovery plan initially published by Scottish Government and timescales for recovery will need to be revisited.

6.0 PLANNED CARE

Key aspects driving the recovery of planned care are detailed within the Delivery Planning Template at Appendix 3. This includes deliverables and milestone of investment to date. Trajectories are also included in the attached templates (Appendix 4 – Outpatient Trajectories, Appendix 5 - Template1, Appendix 6 - Template2 and Appendix 7 - Template3).

NHS Lanarkshire has experienced the highest number of COVID-19 cases per capita in Scotland since the start of the pandemic and has had the second highest number (after NHS GGC) of hospital bed days occupied by COVID-19 patients since April 2021. These factors have contributed to a significant deterioration in our planning assumptions in recent months and present significant risks to the delivery of the additional activity projected in both the National Recovery Plan and the programme of work indicated here.

NHS Lanarkshire remains absolutely committed to maximising recovery wherever safe and possible. However, it should be noted that recovery is constrained by workforce issues and the ongoing risks posed from COVID-19. Planned care in NHS Lanarkshire has also been impacted significantly by unscheduled care pressures. Therefore, successful and sustained recovery will be dependent on the support and implementation of improvements in unscheduled care and an alleviation of the impact of COVID-19 experienced by Lanarkshire hospitals, particularly in the context of an impending winter.

In light of the changing picture, recovery trajectories are no longer consistent with the recovery plan initially published by Scottish Government and timescales for recovery will need to be revisited.

Some specific areas from the Delivery Planning Templates are detailed below.

6.1 TRAUMA AND ORTHOPAEDICS

The Bringing it Together project in partnership with the Access Collaborative had resulted in significant improvements in the Outpatient Waiting List (OPWL) position for T&O. In the 18-month period prior to the pandemic, the OPWL >12 weeks had reduced from c2000 to 175. This had been achieved with investment in administrative staff and early adoption of Acute Clinical Referral Treatment (ACRT), Patient Initiated Returns and waiting list validation. For Q2-4 of the first year of the pandemic the team lead on delivering OP capacity at the NHS Louisa Jordan (LJ) Hospital at the SEC. Almost 5000 appointments were provided allowing maintenance of the OPWL position despite total loss of capacity in the Board area. Since Q1 2021 with the closure of the NHS LJ, the OP position has slipped back to c600 waiting >12 weeks due to restricted capacity for clinics and staff diversion to provide emergency and theatre cover.

The service achieved provision of ACRT to 80% of its OP pathways. The target for end of Q2 22/23 is 100%. This need forms part of the service's bid for ANC resource to ensure we achieve this target on the background of ANC diversion to management of long waiting patients in the Inpatient and Daycase Waiting List (IPDCWL).

In March ’20 c1,500 patients were in the IPDCWL with 400 >12 weeks. Work was at an early stage on delivering day case arthroplasty and 4-joint lists to improve theatre efficiency with a project team in place. Unfortunately, the pandemic resulted in a loss of 86% of capacity for elective T&O throughout 2020, with a rise in the IPDCWL to 2,500 with 700 > 12 weeks. This was mitigated by 600 procedures being carried out by NHSL T&O out-with the Board area through continued efforts to locate all available capacity across west and central Scotland.

For Q1 and 2 this year, we recovered up to 70% of elective operative capacity in the Board. This was limited by theatre and anaesthetic staff availability. The reduced capacity was used as an opportunity to successfully access funds via RMP3 to redevelop an orthopaedic theatre at University Hospital Hairmyres (UHH) to provide a prep room which will deliver greater theatre throughput. This will be open by December 2021.

As of August 2021 (prior to the most recent complete cessation of IP orthopaedics) the IPDCWL was 2,300 with 1,800 waiting >12 weeks.

Trajectory to KPIs in RMP4 and NHS Recovery Plan

(i) 110% pre-Covid-19 operative activity by end March 2022. No one waiting >12m by March 2023. Achievement of this will require:

- return of all 35 theatre sessions per week, 50 weeks per year;
- provision of 2 sessions per weekends for Q1-4;
- WTE Surgical assistants to cover a shortfall of 4 sessions per week day and 2 at weekends due to medical staff rota redesign implemented from August 2021 due to intensity of emergency workload out of hours for the service
- provision of 1.0WTE band 7 ANP at UHW site will release a middle grade orthopaedic surgeon to allow delivery of an additional 10 arthroplasty sessions per week

(ii) Achievement of the above capacity will allow resumption of the improvement projects to reduce length of stay and increase theatre efficiency. If this capacity is provided, the service will deliver by end Q2 22-23:

- National mean rate for 4-joint lists (c25%)
- Mean LoS <2 days for arthroplasty
- Exceed national mean for day case arthroplasty rates

(iii) Review and active management of long-waiting patients (minimum 6-month review)

In order to provide the administrative capacity to contact and review all patients waiting 6 months or more (1,300 as of August 2021) the service requires additional A&C resource. This staffing will contact all patients on the IPDCWL by phone or mail to seek updates on clinical and social circumstances relevant to their priority on the waiting list. In addition, the service will work with national teams to develop other platforms (e.g. online clinical apps) to enhance this process. This additional A&C team will be able to continue the extra steps currently undertaken due to Covid-19 preoperative pathway requirements. They will also provide the resource to ensure the target of 110% of activity is optimised and the best theatre usage with filling theatre lists and late cancellations.

6.2 CHRONIC PAIN

The Chronic pain team has identified that physiotherapy input into the chronic pain service should be further developed. This would enable the physiotherapist to work with GPs with a specialist interest in chronic pain to produce a self-management resource document for GPs. This would improve the management of chronic pain at an earlier stage. Also, it would create new ways of working that would support the provision of chronic pain physiotherapy for patients during the pandemic.

The chronic pain team have submitted a funding bid to enable them to carry out a 6 month project which would enable a Chronic Pain Consultant available to selected GP practices for a day per practice. This session (7 hours) will consist of a morning clinic undertaken by the chronic pain consultant, to review patients selected by the GP practice, and an afternoon to provide protected learning time for the GP practice team with the chronic pain consultant and advanced clinical services pharmacist. The pharmacist would provide case studies of primary care MDT working which have improved care of patients with chronic pain.

The advanced clinical services pharmacist would then support the practice with moving to an MDT model for pain management, utilising the practice pharmacist's skills to supplement GP provision of pain management. In addition, where access to other skilled practitioners are available (e.g. occupational therapists or link workers) their skills will be used to provide patients with optimised support from the most appropriate person.

6.3 CANCER SERVICES

Cancer services have developed and progressed over the years to meet the evolving needs of people affected by cancer. A diagnosis of cancer is a life changing experience and results in people having to navigate pathways that are complex and associated with life changing experiences. It is fundamental that NHS Lanarkshire has the correct workforce in place to ensure safe, effective and person centred care. The value and impact of the Clinical Nurse Specialist role (CNS) has been evidenced over the years along with published research within the local research portfolio.

Aligned to this is the required improvements within individual cancer pathways to ensure there is no adverse effect on sustaining the performance on the Cancer Access Standards for NHS Lanarkshire. We have also introduced an Advanced Nurse Practitioner to the Haematology and Respiratory. In addition, we have Non-Registered roles with all clinical teams through the introduction of Health Care Support Worker (HCSW) Roles and Single Point of Contact Navigator Roles within 2021-2022. This will ensure equity of access, along with the shift of workload to the most appropriate Healthcare personal with the correct skill set to manage and support each individuals patient care requirements. This will release capacity within the clinical teams to develop and implement Advance Practice skill set – NMP and clinical assessment.

This has increased local workload challenges and demand for SACT (Systemic Anti-Cancer Therapy), by approximately 8-10% year on year. This is due to an increasing cancer incidence and the introduction of new and subsequent lines of effective anti-cancer medicines and supportive care requirements. These are usually in addition to existing treatments, used either in combination with current standard treatments or as a new line of treatment. The introduction of new non clinical roles

will enable areas of care to be transferred from the clinical SACT nursing team. This will help ensure scheduled treatment times are maintained, along with good flow within the units. This also offers the potential to increase chair utilisation, with the time saved being transferred into delivery time if referrals to support networks can be undertaken by the non-registered role.

There has also been a step change in the pace and demand for new and new use of cancer medicines. This significantly impacts on the capacity of the service to support timely implementation of essential new prescribing guidance and keep existing guidance up to date along with the capacity to delivery SACT (Systemic Anti-Cancer Therapy). This includes supportive care locally whilst redesigning the service to repatriate treatment from the Regional Cancer Centre aligned to the Regional SACT Strategy.

The opportunity to introduce new ways of working will ensure the best use of workforce skills, technology and service innovation. This supports the drive to earlier cancer diagnosis and treatment, whist delivering person centred care aligned to the following measures.

- Advances providing more treatment options and improved outcomes for patients
- Government policies facilitating rapid and early access to innovative treatments
- Managing and monitoring the increasing complexity of SACT pathways
- Increase in the number of risk management schemes to underpin safe use of these high risk medicines
- Optimise utilisation of workforce to ensure timely needs assessment and intervention for appropriate provider
- Data generated to evidence quality assured cancer care is provided and person centred
- Generate written plans of care and treatment summaries for patients, with cognisance of health literacy
- Assess needs throughout care pathway, including after treatment
- Publication and use of data and indicators to increase transparency, facilitate patient choice and improve performance
- Measure performance and inform improvement based on patient feedback / experience data
- Assess real time / prospective data in relation to treatment / disease related side effects and subsequent outcomes for patients

7.0 MENTAL HEALTH & WELLBEING

7.1 MENTAL HEALTH

Work on the remobilisation of Mental Health Services continues, with ongoing engagement with colleagues within the Mental Health directorate in Scottish Government. In November 2020, Clare Haughey, Minister for Mental Health wrote to NHS Lanarkshire offering additional improvement support to assist with mental health service performance, remobilisation and renewal.

Through the Mental Health and Wellbeing Strategy and CAMHS Deep Dive/National Service Specification, there were a wide range of improvement actions underway across the service before the impact of the COVID-19 pandemic. With the onset of COVID-19, services were constrained and prioritised, creating a significant impact on capacity and waiting times. Remobilisation plans are now in place, with previously agreed areas of development continuing to progress within the current restricted environment. While some developments have had to be placed on hold, others such as IT developments for patient consultations and the use of self-help resources have been accelerated.

7.2 CAMHS

In January 2021, the Specialist Children's Health Services Unit (SCHSU) was formed bringing a centralised approach to the operational delivery of children's specialist health services across Lanarkshire. In April 2021, North Lanarkshire HSCP received confirmation from Scottish Government of funding via the SG Recovery & Renewal Fund (RRF) specific to CAMHS of £3.3 million.

A CAMHS Modernisation Strategy 2021-23 articulates how CAMHS in Lanarkshire will implement the National CAMHS Service Specifications in addition to SG directives by March 2023.

The main areas of focus of the CAMHS Modernisation Strategy are:

- implementation of the Choices and Partnership Approach service transformation model for CAMHS by March 2023;
- full implementation of the national CAMHS Specification to include extension of age range, requirements for eating disorder patients and planning for transition of care by March 2023;
- gathering the number of children and young people in CAMHS already nearing the age of 18 and identifying the number of patients who wish to remain under the care of CAMHS to inform demand;
- modernisation of service in terms of accommodation upgrades and IT infrastructure. (This is planned and work is already underway within the HSCP to establish a base for CAMHS in South Lanarkshire, with final decision expected by August 2021. Refurbishment costs associated with this project are currently estimated at £1.3 million plus VAT and will be partly funded from the RRF).
- a review of the workforce and associated recruitment campaign utilising the allocated monies from SG Recovery & Renewal Fund (RRF), which for CAMHS is £3.3 million planned between June and December 2021. Additional monies will also be secured via SG to support implementation of the Neuro Developmental Pathway (NDP). Recruitment has been planned in two phases to coincide with allocation of funding streams. Phase 1 is currently underway

and the aim is to have recruited to these posts by April 2022. Phase 2 will commence once confirmation of NDP budget is received.

Demand and Capacity

CAMHS is currently receiving improvement support from the Mental Health Directorate and work has been completed with the Scottish Government Improvement Advisor and Professional Advisor to analyse CAMHS capacity (based on current funded establishment) against demand (numbers of referrals per head of population). From this analysis, it is evident that in order to meet RTT trajectory, CAMHS requires 131 WTE of which 90 WTE must deliver services that contribute to the RTT. As of May 2021, there are 126 WTE in CAMHS of which 54.88 WTE deliver against RTT. There is therefore a shortfall of 40 WTE.

A detailed Project Plan is in place in relation to the timescale for validating waiting lists and commencing waiting list initiatives in order to clear the backlog by March 2023.

The overall trajectory for the service in recovering the 18 week RTT target of 90% is dependent on a number of inter dependencies. Successful recruitment of specialised staff from a small pool of resource in direct competition with other NHS Boards is priority to be able to build capacity. National recruitment campaigns supported by HSCP Communications are planned to continue through to March 2023.

Workforce & Allocation of RRF Monies

A detailed workforce paper illustrates planned recruitment against RRF with an in-year position for 2021-22 and projected costs for 2022-23. Costs associated with administrative support, IT support and travel have been included. It should be noted that funding is currently non- recurring however NHS Boards are being encouraged to plan substantive allocation of resources on the basis that funding for workforce will become recurring in the future. Additional monies are also expected to support implementation of the Neurodevelopmental Pathway (NDP) and the workforce paper considers additional resource for this work-stream.

On Friday 2nd July 2021, stakeholders from CAMHS, IT, HR, AHP, Communications and NHSL Planning met with the Policy Advisor and Professional Lead from the Mental Health Directorate at Scottish Government to discuss and endorse the overall modernisation strategy and workforce paper. Work has begun with HR and Communications to create smart recruitment strategies that will include the launch of a landing page for a national recruitment campaign designed to attract a large volume of staff to the SCHSU. Retention of staff is key to delivery of sustainable quality services and work is ongoing in relation to securing fit for purpose accommodation and IT infrastructure to support teams across CAMHS and NDP.

Choices & Partnership Approach

By early Autumn 2021, the aim is to have completed consultation across CAMHS and reached consensus on the use of the Choices and Partnership Approach (CAPA) service transformation model for CAMHS.

Detail on the specific work and timelines required to implement this model is provided in the Modernisation Plan. Implementation of this model is wholly dependent on the ability to recruit workforce and secure accommodation, IT and supportive administrative infrastructure.

A project plan has been developed and details the planned activity required to allow CAMHS to expand service age range from 18-25 and to implement transition care protocol. As previously mentioned, assessment of the current age range of children and young people in CAMHS is required with further work required to ascertain numbers of young people choosing to remain under the care of the CAMHS team.

A series of workshops attended by representatives from the Directorate for Mental Health at SG have already been held and more are planned for delivery over summer 2021. These workshops will include CAPA engagement sessions for the CAMHS management team, a CAPA Master Class for CAMHS clinicians and a separate information session for HSCP leaders. CAMHS in Lanarkshire has been to visit CAMHS colleagues in NHS Grampian to establish a supportive network and learn lessons from their implementation of the CAPA model.

CAMHS is currently in receipt of improvement support via the SG Mental Health Division Performance Unit Liaison Lead, Professional Advisor and Improvement Advisor. This support will continue for the duration of the modernisation programme.

Stakeholder Consultation

Extensive staff consultation in conjunction with Human Resources and Partnership is required in order to embed this Modernisation Strategy, with particular reference to the CAPA transformation model. In addition, stakeholder engagement events are planned throughout summer 2021 to include HSCP CORE and Strategic Leadership Teams. We will be supported through these events by NHS Grampian who will facilitate question and answer sessions via MS Teams.

Governance

Finally, on completion of engagement, HSCP CORE will recommend the CAMHS Modernisation Plan to IJB and NHSL Board governance committees. It is anticipated, given timings for these committees, to have full IJB and NHS Board endorsement of the Modernisation Strategy by December 2021. North Lanarkshire HSCP has a full-time, clinical director in post for CAMHS.

Conclusions

The CAMHS service has been heavily impacted by the pandemic, with increased urgent case demands and a significant backlog of cases. As part of the recovery process, the service has been working alongside colleagues in the Scottish Government's Mental Health directorate to formulate plans that aid recovery and meet the new national service specification. The Scottish Government Mental Health Recovery and Renewal Fund (RRF) provides scope to expand the workforce to create the capacity required to recover to 90% performance by March 2023, alongside the roll out of the new national service specification

7.3 PSYCHOLOGICAL THERAPIES

Psychological Services comprise a number of distinct departments and services, including Psychological Therapies Teams (PTT), Older Adults, Learning Disability, Forensic, Addictions, and Clinical Health specialties. Each specialty has its own operational protocols, which describes

management of referrals, waiting lists, and policies. However, these are generally consistent with each other. The largest service, by far, is the PTT, comprising of ten, locality based, teams.

The Clinical Services include:

- Adult Psychological Therapies Teams;
- Inpatient Psychology Service (MH);
- Learning Disabilities;
- Older Adults;
- Clinical Health Psychology;
- Chronic Pain Service;
- Neuropsychology;
- Psychology Stroke Service;
- Psychology Community Brain Injury Team;
- Forensic Psychology;
- Eating Disorders Services;
- Addiction Psychology Service
- Digital Therapies (including cCBT);
- EVA Psychology – Gender Based;
- Violence;
- Veteran's First Point Lanarkshire;
- Perinatal & Neonatal Psychological;
- Therapies; and
- NHS Lanarkshire Staff Wellbeing Psychology Service

Staffing

As of May 2021, there were 133.59WTE patient focused clinical staff employed within Adult Psychological Services. This includes Clinical, Counselling, and Health psychologists; Clinical Associates in Applied, Psychology; Counsellors; Mental Health Practitioners; Nurse Therapists; and CBT Therapists.

Waiting Times

As at 31 March 2020, there were 1506 patients on the waiting list for psychological therapies, of which 292 had been waiting over 18 weeks – mainly from the Adult Psychological Therapies Teams (PTT), and Neuropsychology. The longest wait was 48 weeks. F or digital therapies, such as online CBT, there is effectively no waiting time.

1535 patients were waiting to be seen as at 31 March 2021, with 409 patients waiting beyond 18 weeks, and a longest wait of 82 weeks. The longest waits remain within the PTTs, largely due to patients electing to wait for a face-to-face appointment rather than accepting a remote consultation. There were also long waits for Neuropsychology, given that it is not practical to undertake complex neuropsychological assessments remotely.

Over the last quarter, performance has recovered such that 83.9% of patients commenced psychological therapies within 18 weeks of their referral. Operational policies, protocols, and referral criteria have been reviewed, and innovative approaches implemented to reduce the longest waits across all teams, particularly PTTs, and there have already been significant reductions in longest wait times. The number of patients waiting, and the number of completed waits, improved across the last 3 quarters of 2020/21. With increasing demand over the last few months, the number of patients

waiting has begun to increase, despite the numbers commencing treatment also having increased. There was an expected decrease in referrals and appointments offered in March and April 2020, due to Covid-19, and a commensurate increase in the numbers of patients waiting 18+ weeks.

Capacity Model Assumptions

For the period April 2018 to Mar 2021, the mean and median appointments offered and the mean and median appointments attended were calculated for those patients discharged by specialty. The average number of appointments per patient offered to discharge across the entire service (i.e., irrespective of specialty) is 15. Average capacity for a 1.0WTE member of staff is 6 clinical sessions per week, with 3 appointments per session based on a 42 week working year. It is clear that services differ as to the nature of their client groups, complexity, and psychological models used for assessment and treatment. This means that it is not possible to compare the number of appointments offered between such disparate services. Whilst the mean number of appointments within, for example, Neuropsychology might be 8 per patient, within Eating Disorders it is over 3 times greater at 25 per patient. It is not feasible, then, to have a single "average number of appointments" representing all specialties and teams within a psychology service.

Workforce

The staffing complement for the service is 133.59WTE patient focused staffing as at 23rd June 2021. Of significant note are the 13.36WTE clinicians on maternity leave. This is typical within the service, where over 90% of staff are female. At June 2021, the Service had 30.98WTE vacancies, including 14WTE new posts for which additional funding has recently been agreed based on the allocations within Ministerial letter.

A review of demand, capacity, and activity, identified a number of key areas within Psychological Services where existing resources were below optimum. The Service produced a business plan to access funding via the MH Recovery and Renewal Fund and the areas of need identified included:

- Inpatient Psychology Service;
- Adult Psychological Therapies;
- Neuropsychology;
- Learning Disabilities
- Tier 3 Eating Disorders Service; and
- Clinical Health Psychology

Following review, it was agreed that the Service should recruit an initial 14WTE additional psychologist posts to help address some of the gaps, and contribute towards improving waiting times for psychological therapies. Recruitment is now underway. Similarly, whilst succession planning plays a vital role within Psychological Services in Lanarkshire, internal promotion leads to further vacancies being created at a lower seniority level, and such posts are often much harder to fill.

Whilst this additional resource will add to the workforce capacity for psychological therapies, it must also be recognised that approximately 8-10% of the workforce is on maternity leave at any one time. To address this, the workforce plan is being reviewed to allow for a "critical floor" that will identify the demand on the service, the total capacity available, and an additional factor to take into account the high rates of ongoing maternity leave. This should allow for the flexibility needed to cope with demand at all times – acknowledging that demand continues to rise year on year.

Trajectory Modelling

With the assistance of analysts from Public Health Scotland (PHS), trajectory models have been developed. The model used by NHS Lanarkshire is the same as that being used in a number of other Boards to develop these trajectories. A number of assumptions have been made:

- The model is based on the assumption that all vacancies will be appointed to, and that funding will be made available. Of these additional clinical posts, it is anticipated that a number will be filled by October 2021, and the remainder by January 2022.
- The model can be amended to reflect delays in the appointment process, however this will affect either the time to achieve the referral to treatment target of the number of additional staff required to achieve target deadline of March 2023.
- It is also assumed that the current rate of maternity leave will continue at approximately the same level.
- In addition, it is assumed that there will be a 10% increase in referral rate based on 2019 monthly returns. This figure is based on the historic annual increase in referral rate of approximately 5% plus a 5% increase as a result of the Covid-19 pandemic.
- It is also assumed that the majority of staff to be appointed will target the longest waits.

Trajectory Towards Meeting the Psychological Therapies Waiting Times Standard by 31st March 2023

With the appointment to all existing vacancies an additional 20.0WTE Applied Psychology staff will be required in order to balance demand with clinical capacity, and meet the 90% target by 31 March 2023. To clear all waits beyond 18 weeks by the same date will require 23.0WTE. The model assumes that these 20.0WTE clinicians will be in post and patient focused by January 2022, and predicts that 1831 patient will be on the waiting list as at March 2023, with 172 waiting over 18 weeks

Trajectory Towards Clearing the Historic Backlog on the Waiting List by 31st March 2023

With the appointment to all current vacancies, an additional 23.0WTE Applied Psychology staff will be required in order to remove all waits over 18 weeks by March 2023. The model assumes that additional funding will be allocated, and staff will be in post and patient focused by December 2021.

For both of the above models, additional staff requirement is based on WTE permanent posts. Recruiting to temporary/fixed-term posts will not guarantee staff retention for the entirety of the required timescale.

Further details of Mental Health services are described in Appendix 8.

8.0 PRIMARY CARE

8.1 PRIMARY CARE IMPROVEMENT PLAN (PCIP)

The unprecedented scale of change resulting from managing the COVID-19 pandemic has created new opportunities and challenges in delivering on-going reform of primary care and the PCIP. As such, across the PCIP, consistent review and appropriate revision is being made along with mitigation specifically focused on addressing these areas. There are emerging risks associated with the overall plan as well as individual work streams. Risks identified are:

- PCIP will not be delivered within the timeframes due to recovery from the pandemic;
- possibility of further COVID-19 waves;
- financial risk in that non delivery may lead to additional payments to General Practice to deliver the services;
- reputational risk locally and nationally and workforce confidence;
- a number of the PCIP workforce remain deployed to the COVID-19 effort, particularly in the COVID-19 Vaccination programme, which will delay delivery of the PCIP. (They have also been involved in the COVID-19 pathway until very recently);
- GP sustainability; and
- financial risk to deliver the PCIP within existing budget allocation.

Detail of the progress to date is as described at Appendices 9, 10 & 11.

9.0 REVISED URGENT CARE PATHWAYS

The Scottish Government Health & Social Care Directorate (SGH&SCD), NHS Lanarkshire, and all other territorial Boards continue to implement and refine the revised model of urgent care. This is to provide 24/7 patient pathways through the single point of access NHS24/111 and with all local access for clinical services now navigated through the local Flow Navigation Centre (FNC).

Principally, the redesign to date supports urgent care in the right place with the right team at the right time, first time and is navigated with the following key elements:

- An established emergency care system that benefits everyone
- Care is delivered as close to home as possible minimising unnecessary face-to-face contact and maximising access to senior decision makers
- Ensures patients are seen in the most appropriate clinical environment to minimise the risk of harm
- It safely delivers a whole-system, multi-agency, multi-disciplinary, person-centred approach to support right care, right, place, right time, first time
- Strong public messaging progresses to support any changes to care and to allow the public to use the system responsibly ensuring it is linked to self-care management and healthier life choices
- It is maximising and building on digital solutions such as NHS near me, and virtual wards
- It has established a single national access route which delivers simple, clear, and effective access to patients

The patient population in scope for the programme continues to focus on those self-presenting to the three Emergency Departments (ED). The new pathway helps to manage flow through the EDs by supporting their referral need in alternate ways, if appropriate and allowing the scheduling of an ED attendance. In doing so, NHS24 and the Flow Navigation Centre are better equipped to direct patients to the appropriate services. This model allows a safer clinical environment in hospitals and reduces the incidence for crowding in waiting rooms.

This new single point of access has been in place since Tuesday 1st December 2020. Whole-system working across NHS Lanarkshire and North & South Partnerships was pivotal in enabling the implementation of the new service model.

While aspects of the FNC function are new, with the bulk of urgent care managed in primary care, the principles for General Practice and other primary care referrals to FNC remain unchanged. Similarly access for emergency care continues (i.e. 999).

The initial stages of redesign were to provide:

- Access to urgent care for the cohort of self-presenters to ED who are not emergencies will be available through a national Single Point of Access though NHS24/111.
- Access 24/7 for urgent care.
- A Flow Navigation Centre that directly receives clinical referrals from NHS24 and offers rapid access to a senior clinical decision maker
- The use of Digital health where possible in clinical consultation and signposting to available local services, e.g. minor injuries units if required

- Face to face consultation when required, are scheduled, where possible
- Continuum for General Practice as the principal access route for urgent care in hours.
- A Redesign of Urgent Care that did not alter the way emergency care is accessed

The Re-design has been in place since 1st December 2020 delivering key pathways of care. Whilst these pathways are standardised across Scotland (as much as is possible) they align with local service provision. The pathways continue to be reviewed ensuring they are maintained to current and necessary requirements.

The pathways include the referral from NHS24 to the FNC for children under the age of 12years. A robust readiness assessment was completed to assure the safe and effective pathways for all child referrals. Primarily the change mirrors the current adult pathway with NHS24 presenting the referral to the Flow Navigation Centre, however the disposition and response is within two hours and not four as is the case for the adult pathway. As intimated by SGH&SCD, the Paediatric pathway went live in June 2021.

9.1 OBJECTIVES AND INITIAL IMPACT

The measurable objective of the redesign is to:

- Reduce non-emergency self-presented attendances at the ED,
- Provide necessary face to face assessments in a scheduled way thus supporting capacity and demand management within the ED
- Provide senior decision making with professional to professional access thus supporting alternative care management
- Support primary care interventions for Covid Pathways thus enhance specialist interventions and support within the community, where appropriate
- Enable access with mental health and health and social care liaison to support right care in the right place and reduce the incidence of attendance at the ED

Despite the objective to reduce self-presentations not requiring emergency treatment, the self-presenting attendances to all three ED's in Lanarkshire have continued. There were significant increases in recent months. Earlier in the year reduced attendance had been noted, however this was in part influenced national lockdown measures and COVID-19 pathways and not specific to redesign. Whilst increased attendances are noted, activity from NHS24 111 and the FNC has influenced much attendance avoidance. Likewise, there has been a decrease to conversion to admission with much of the ED increase attributable to self-presentations.

Appendix 12, Annex 1 demonstrates all activity for NHS24, FNC and ED patient attendances.

An important factor to support people in accessing the right care in the right way is key messaging and communication. Locally messaging was in place however required the backdrop of the national message which had been in delay due to other national commitments. The national messaging campaign began in July and locally we have revamped our messaging to align with this whilst meeting with local messaging needs. There has been significant media messaging to support people in accessing care in the right way.

Despite increasing ED attendances, the FNC activity has increased thus the options to support care in alternate ways has been possible. Since 1st December 2020 the FNC has managed the referral routes of over 49,500 cases, this equates to approximately 50% NHS 24 referred and 50% Primary Care referred.

The initial concept to redesign urgent care considered that approximately 20% of patients who self-present at ED could be helped to access more appropriate services for their needs and often care that is closer to home. Whilst many NHS24 referrals do require to attend a face to face assessment in ED, of those not requiring ED, the senior clinical decision maker (SDM) has navigated 30% for care to be managed away from the hospital setting. Likewise, 75% of primary care interactions with consultant connect secondary specialists have avoided on the day ED attendance. This has been possible with advice and or specialist clinic support.

Similarly, Mental Health have seen greatly reduced waiting times spent within ED departments through community police triage direct to mental health services. Community Police Triage (CPT) figures show that in 2019 officers used CPT for 28%, in 2020 for 47% and so far for 2021 62.5% of the incidents where further medical assistance was required in relation to mental health / addiction issues / suicidal thoughts as opposed to attending hospital. The figures demonstrated in Appendix 12, Annex 2 are for the period of commencement of the FNC in December 2020 until end of March 2021 as part of the un-scheduled care project. Mental health staff have been active in the triage calls OOH for some time now, and the FNC is a replica of this service in hours. The figures demonstrate an increasing use of this service and anticipate this figure to rise in conjunction with national messaging and the promotion of NHS24 111 and FNC usage.

Full data extracts to demonstrate outcomes can be seen in Appendix 12, Annex 3 including that of ARIC specific data for NHS24, Triage Hub and assessment centres (23rd March 20 – 31st July 21)

9.2 NEXT STEPS

Continued success however is reliant on ongoing planning and engagement. With this in mind the Redesign Programme Board will continue to oversee project planning and future aspirations. A critical path has been developed to support timely management and progress and encompasses the vision for phase two. The critical path can be seen within Appendix 12, Annex 3. This board will as before, report to NHSL Board, Corporate Management and to the Unscheduled Care Board. NHSL vision for 2021/22 aligns with nationally projected aims and locally the focus is to:

Enhance the SDM role to support evolving SDM into workforce and job planning and to ensure standard operating procedures

Expand specialties inclusion into the Professional to Professional Consultant Connect

Introduce SAS role within FNC to support conveyance and non-conveyance with professional to professional links

- Develop Realistic Medicine principles, ensuring shared decision making is fundamental to patient treatment outcomes.
- Develop a revised ARIC pathway via FNC. As the incidence of Covid in the community falls, population vaccination and the knowledge that many who present through the Community Covid

Pathways do not have Covid, there is a move to look at how the Community Covid pathways can be stepped down (with plans to step up if needed).

- Align urgent care redesign pathways to include High Resource User Project thus further support alternate care needs with the link coordinator role
- Build on existing primary care pathways as part of phase two to enhance professional to professional scheduled care, such as dental, pharmacy, and optometry, nurse practitioners and ambulance service.
- Further develop the Partnership Locality pathways with North Partnership, enhancing the transitional step for FNC navigation of care to all locality response teams.
- Further develop mental health pathways
- Expand multi-disciplinary team and family/carer inclusion into virtual discharge planning thus enhance the planned day of discharge process.
- Enhance patient/carer information to reflect redesigned services and use of virtual technology
- Align with planned care recovery to enhance urgent 'hot clinic' and specialty clinic pathways.

9.3 FINANCIAL IMPLICATIONS

The costing model for the range of service changes were fully supported by Scottish Government and funding received to cover all aspects as projected. The table below demonstrates the year end position for 20/21.

Financial Year 2020-21

	Planned Expenditure £m	Revised Budget £m	Actual Spend £m	Variance £m
Flow Navigation centre	0.855	0.642	0.642	**0**
ARICs	3.266	2.671	2.671	**0**
Mental Health Hubs	0.355	0.846	0.846	**0**
Total	**4.476**	**4.159**	**4.159**	**0**

The allocation of funding for 21/22 is £1.227m. This funding is reliant on the following key deliverables.

- As we move to recovery there is a need to review systems and process in place that support flow through acute system building on basic principles of the 6 Essential Actions.
- Visible leadership and management, monitoring and robust whole system escalation process and triggers should be in place across all core sites.
- Keeping care as close to home as possible by providing rapid assessment and support, ensuring referrals are effective, efficient and timely.
- Enhance Professional-to-Professional referral and clinical triage approach that manages demand to capacity and schedules where possible.
- Deliver early access to senior decision makers that aims to reduce length of stay to zero - 72 hours aiming for a home first approach.
- Supporting front line staff to optimise pathways and explore the role of technology as an enabler to avoid admissions through early front door discharge and consider opportunities for discharge.

- Improve diagnostics and assessment across 7 days by enhancing workforce capacity and capability.
- Implement early Discharge Planning that enables all teams to work to a planned date of discharge on point of admission supported by a multi-disciplinary approach.
- Overall reduction in length of stay and minimise delayed transfers of care.

9.4 RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Whilst there are a range of potential benefits as described above, there are also significant potential risks. Primarily, there is a risk of unintended consequences as a product of a rapid, and significant change affecting a large number of patient pathways across Lanarkshire, notwithstanding the continuing impact with Covid 19.

This risk is being mitigated locally through the work of the Urgent Care Redesign Programme Board. This Board is led by our most experienced clinical leaders and supported by a wide range of managerial supports. The Board links actively with the services included in primary and secondary care, and continues to link with national sub-groups.

10.0 STAFF - MENTAL HEALTH & WELLBEING

Internal Services have been developed and continue to adapt in line with guidance to support the needs of staff. The list below, whilst not exhaustive, captures the current supportive services that have been developed and remain in place to support staff. Many of these services are now reportable within the Staff Governance Framework via the NHS Lanarkshire Health & Wellbeing Strategy Group. Both the internal services available and those external regularly promoted to staff are summarised below.

Internal Services:

- **Psychological Services Staff Support Service (PSSST)**
  Self or manager referral for staff requiring mental health assessment and intervention locally. PSSST remit includes Covid-19 related difficulties (such as psychological trauma and complex bereavement responses) and as well as non-Covid-19 related mental health problems. PSSST also offer bespoke team-based support to promote natural recovery and wellbeing at work.
- **COVID-18 Helpline**
  Real time response to specific questions available to all staff. This provides advice relating to HPS guidance, PPE, staff testing, Shielding, Risk Assessment and accessing Occupational Health.
- **Individual Case Management Services**
  One-2-one support from named healthcare professional providing psycho-social support for up to 26 weeks. Deconstruction of multiple/complex problems, action planning and motivation support.
- **Early Access to Support for You (EASY)**
  Support to staff absent with a mental health issue, providing an access route to therapeutic services.
- **Confidential Counselling**
  Procured counselling service providing services 24/7, offering telephone and face-2-face counselling (although modified to Skype due to social distancing).
- **Management Referrals to Occupational Health**
  Prioritisation of COVID related referrals via telephone consultations with Occupational Health Physicians. This provides expert advice on functional capacity with specific advice to those concerned regarding underlying health issues.
- **Staff Vaccination Programme**
  Specific staff programme for delivery of C-19 (& forthcoming Flu & C-19 booster) vaccination continues. This service seeks to offer staff maximum protection and reduce anxiety.
- **Staff Care & Wellbeing Support Centres**
  Wellbeing Hubs have been established on each Acute site to provide space for staff to take a break from work and also access supportive resources. There are a network of staff wellbeing areas across Lanarkshire. Staff can access staff care specialists, chaplains and peer supporters, and also be sign posted to helpful information and wellbeing classes (e.g. yoga, Pilates, mindfulness, etc)
- **Staff Care and Wellbeing Support Line**
  24 hr support line staffed by psychologists available to respond in real time.
- **Staff Care & Wellbeing Activities**
  Individual activities include mindfulness, Pilates, yoga. Group sessions are also available for teams & departments, e.g., value based reflective practice, Schwartz rounds or bespoke resilience and wellbeing training sessions.
- **Bereavement Support Service**
  Specific support developed for staff suffering bereavement during the COVID-19 outbreak

Links and Info below.

- call the staff helpline on 01698 855686
- visit the Psychological Services Webpage for information on mental health and access to online groups and courses: Lanarkshire Mind Matters - NHS Lanarkshire Adult Psychology Services (scot.nhs.uk)
- visit the coronavirus page on FirstPort at: http://firstport2/staff-support/knowledge-services/public-health/default.aspx
- visit the NHS Lanarkshire public website at: https://www.nhslanarkshire.scot.nhs.uk/novel-corona-virus-covid-19/
- visit the Health Protection Scotland website at: https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/
- visit the NHS Inform website at: https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19
- regular promotion of the public Lanarkshire site with resources for mental wellbeing https://www.lanarkshiremindmatters.scot.nhs.uk/

External Services:

- **Workforce Specialist Service**
  Contact: www.practitionerhealth.nhs.uk/ accessing the-service-in-Scotland
  Email: prac.health@nhs.net
  Telephone 0300 0303 300 (Mon-Fri 0800-2000, Sat 0800-1400)
  Self-referral service for staff who fall within Statutory Regulation, providing confidential, multidisciplinary mental health treatment service.
  WSS specialises in treating regulated health and social services professionals as patients and as such are experts at the interface between regulation, employment and mental illness and addiction.
- **SHAPE Recovery Programme (Supporting Health and Paramedic Employees involved in providing any direct Covid-19 care)**
  Contact: www.shaperecovery.com
  Self-referral; SHAPE Recovery offers confidential, personalised 1-1 coaching to prevent both PTSD and depression prior to symptoms reaching a clinical threshold for diagnosis and offers intervention to early emerging symptoms.
  Six weekly coaching sessions are accessed via your mobile.
- **BMA Counselling and Peer Support - 0330 123 1245**
  Free and confidential 24/7 counselling and peer support services open to all doctors and medical students (regardless of BMA membership), plus their partners and dependents, on 0330 123 1245.
- **The National Wellbeing Hub (previously called PROMIS)**
  Contact: Telephone 0800 111 4191 (24/7)
  The phone service is hosted by NHS24, offering confidential compassionate listening and psychological first aid for health and social care staff in Scotland. This service can also make referrals to local services.
  Website www.nationalwellbeinghub.scot
  Web based resource offering a range of self-help resources and information specifically to support the wellbeing of health and social care staff in Scotland.

11.0 DIGITAL

NHS Lanarkshire has an information and digital strategy with an underpinning delivery plan. The delivery plan has continued to be progressed the during the pandemic with a wide range of requirements being added during the initial response phases to the response, recovery and remobilisation of clinical and corporate services. The current focus is on delivering key strategic projects and delivering all information and digital aspects of the remobilisation plan (RMP4). NHS Lanarkshire will review the current digital health and care strategy once the national strategy/delivery plan has been published.

Further information on the work under way and planned for the remainder of 2021/22 is detailed within the Delivery Plan Template at Appendix 13.

12.0 WORKFORCE - CONFIGURATION AND LESSONS LEARNED

The configuration of the NHS Lanarkshire workforce has changed to support the response to the global pandemic. Over the last 18 months we have recruited over 1,000 new staff and workers to Lanarkshire to support the pandemic response. NHS Lanarkshire has embraced new ways of working and is taking every opportunity to build upon the learning from COVID-19 in workforce planning and wider service planning through 2021/22.

Establishing a sustainable long-term Vaccination Programme - NHSL have established a large-scale vaccination programme which now has over 300 staff employed on a fixed-term basis to support delivery of the COVID-19 vaccination programme. The scope of the programme has been extended to include Winter Flu Vaccination administration and the extension of the vaccine to cover other groups of the population in line with Government guidance.

Health and Care (Staffing) (Scotland) Act 2019 - NHS Lanarkshire deployed the real-time staffing resource developed by Healthcare Improvement Scotland (HIS) over the last six months to all of our Acute inpatient teams. We have learned much from the rollout and are sharing that feedback with the national team responsible for development. We will continue to support the national workload planning tools developments as we prepare for the enactment of the Act.

Workforce Data Analytics - COVID-related absence increased in August/September as prevalence across the population increased, this has been coupled with an increasing rate of sickness absence. NHSL has recorded its highest rate of sickness absence in August 2021 than at any time in, at least, the last 3 years (this is in addition to COVID-related absence). NHS Lanarkshire will continue to focus on absence management and further its staff wellbeing programme as this has already proven to be effective in supporting our workforce.

Recruitment and Retention - There are a number of hard to fill posts across the system, in particular, registered healthcare practitioner roles within Nursing and Midwifery and Medical Consultant roles. Whilst we have had ongoing recruitment to nursing roles across the last year, the number of applicants has been noticeably reduced as a result of increased demand across Scotland for registered nurses. In 2021/22 we will continue to focus on making NHS Lanarkshire an employer of choice amongst newly qualified nurses, midwives and medical professionals. To support frontline services, NHS Lanarkshire utilised the Band 4 Student Nurse role introduced nationwide in 2020 to support the pandemic response again in 2021. This was again a successful programme in readying newly qualified nurses for their permanent nursing roles in September/October as they gained their registrations.

Board Workforce Plan - In keeping with extant guidance, NHS Lanarkshire will submit a three-year Workforce Plan by 31 March 2022, particularly as the new Workforce Strategy emerges from Scottish Government in December 2021.

Partnership Working - NHS Lanarkshire is committed to working in partnership to develop the Board's workforce response to COVID-19 and the wider Board Workforce Plan. Staff side colleagues have been key members of the strategic workforce group as part of the NHS Board's command structure for the response to COVID-19, and we will continue to work closely in partnership in 2021/22 as we emerge from the pandemic.

13.0 CENTRE FOR SUSTAINABLE DELIVERY (CfSD)

NHS Lanarkshire has engaged with the Centre for Sustainable Delivery (CfSD) to begin the population of the CfSD Heat Map as a framework to improve the consistent implementation and monitoring of our key services. This process is at an early stage and will be further developed.

The first iteration of the Heat Map is attached at Appendix 14 and details on the Care Programmes are described in the Delivery Planning Templates.

14.0 APPENDICES

Appendix 1 **Vaccination Programme**
Appendix 2 **Winter Plan Preparedness Self-Assessment 2021/22**
Appendix 3 **Delivery Planning Template – Acute**
Appendix 4 **Planned Care Trajectory - Outpatients**
Appendix 5 **Data Templates - Template 1 (T1) - Activity Projections**
Appendix 6 **Data Templates - Template 2 (T2) - Monthly Actual v Planned Activity**
Appendix 7 **Date Templates - Template 3 (T3) - Elective Waiting Times Trajectories**
Appendix 8 **Delivery Planning Template - North Lanarkshire HSCP**
Appendix 9 **Delivery Planning Template - South Lanarkshire HSCP**
Appendix 10 **Primary Care Improvement Programme (PCIP) Tracker Information**
Appendix 11 **Primary Care Improvement Programme (PCIP) Project Plan**
Appendix 12 – Annex 1 **Rescheduling Urgent Care – NHS 24 & Primary Care – FNC/ED Activity**
Appendix 12 – Annex 2 **Rescheduling Urgent Care – Redesign Outcomes**
Appendix 12 – Annex 3 **Rescheduling Urgent Care – Critical Pathway**
Appendix 13 **Delivery Planning Template - Digital**
Appendix 14 **NHS Lanarkshire Heat Map**