NHS LANARKSHIRE REMOBILISATION PLAN (RMP3)

April 2021 – March 2022

position at 26th February 2021

Final Draft

Health&Social Care North Lanarkshire

South Lanarkshire Health and Social Care Partnership

NHS Lanarkshire

CONTENTS

1.0 INTRODUCTION

CONTEXT

The Remobilisation Plan was developed in response to the Scottish Government's December 2020 commissioning letters, with NHS Lanarkshire's draft Remobilisation Plan 3 (RMP3) submitted on 26 February 2021. The draft Plan was developed by the NHS Lanarkshire Corporate Management Team and reflects a whole system approach, providing details of the Lanarkshire response to March 2022 (where possible). While the Plan was reviewed by the NHS Lanarkshire Corporate Management Team, due to time constraints, it was not formally agreed by the Board or shared with the Area Partnership Forum or Area Clinical Forum ahead of submission to the Scottish Government. The draft Plan has subsequently been shared with Non-Executive Board members and will be shared with the Area Clinical Forum and the Area Partnership Forum in the near future.

Many uncertainties still exist with respect to the future impact of the global COVID-19 pandemic, and so the scope of this Plan is limited in terms of our ability to accurately assess how quickly the Remobilisation process can take effect: we anticipate that there will be further iterations of this Plan through 2021 and beyond.

Since submission in February, Section 6 Acute Service Provision of the Plan has been updated.

1.1 BACKGROUND

The NHS Lanarkshire Remobilisation Plan 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 the Remobilisation Plan (July 2020). 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 recovery in Lanarkshire.

NHS Lanarkshire has been one of the NHS Boards most severely impacted by the pandemic and, in line with other NHS Boards, will remain on an emergency footing until at least July 2021. This Plan is being complied in February 2021, with the number of cases reducing following the third wave of the pandemic, but with our primary care, community, acute and mental health services all still working in emergency response mode. Alongside this response, delivery of the COVID-19 vaccination programme has drawn staff and resources from all parts of the health and care system in Lanarkshire and will continue to be a major priority; this effort will limit the speed at which NHS Lanarkshire can return to providing a full range of patient services.

Extraordinary reorganisation of local services has taken place in Lanarkshire leading to a number of remarkable achievements. The scale of such rapid and significant change has been challenging and, across the Health and Social Care system in Lanarkshire, we have seen exceptional work from individuals and teams. As we enter into what we hope will be the recovery and redesign phase, work is underway to retain and build on these positive changes and on the innovation and transformation that has been achieved, while maintaining a focus on quality and safety.

COVID-19 is likely to be with us for some time and, as we move forward, planning is underway to ensure that we achieve a balance between maintaining a significant COVID-19 response in line with modelling assumptions alongside a commitment to provide safe primary and secondary care. This will be undertaken while establishing capacity within the system to safely and incrementally recover services which have been paused due to COVID-19. Significant work is also underway with partnerships, local authority and NHS staff to provide: ongoing support to the care home sector; mutual aid and regional working; separation of COVID-19 and non COVID-19 treatment pathways; and utilisation of national facilities.

This will be undertaken within the context of our healthcare strategy *Achieving Excellence* which will be refreshed to 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 publication of the *Independent Review of Adult Social Care in Scotland, February 2021*. This Plan does not anticipate the recommendations from the review. We expect these recommendations to be clearer after the election period, and the implication of the review will be reflected in future iterations of the Remobilisation Plan.

1.2 EQUALITY IMPACT ASSESSMENT

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 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.

2.0 NATIONAL & REGIONAL CONTEXT - WEST OF SCOTLAND REGIONAL: COVID-19 REMOBILISATION PHASE 3

CONTEXT

The challenges associated with the COVID-19 pandemic will continue to pose a significant risk to the NHS during 2021/22 and beyond. While the vaccination programme being rolled out across Scotland and the rest of the UK is expected to impact on the disease spread and health challenges caused by this in a positive manner, Covid-19 and the various emerging new strains will remain endemic in the population and, as such, will continue to impact on the Health and Care System for the foreseeable future. In addition: the impact of the past 12 months on the health of the population in general terms due to delays in diagnosis and treatment; the increased inequalities in our population; the health and wellbeing of staff; and the need for recovery, all present significant challenge for NHS Boards and are likely to take a number of years to recover.

The NHS will continue to work in an emergency planning environment at least until July 2021 and will focus on stratifying care to avoid loss of life and minimise harm to patients who have urgent and ongoing health care needs. In addition, it will have to find a way to undertake and increase the level of routine care.

In planning for this, the West of Scotland Boards under the Mutual Aid agreement have considered and agreed a regional approach to a number of areas outlined below. The regional response is in line with the planning assumptions set out by Scottish Government to optimise what can be done collectively to meet the challenges now facing the NHS as it starts the next phase in dealing with Covid-19 and recovery. Details of NHS Lanarkshire's approach are available at sections 4, 5 and 6.

2.1 THE COLLECTIVE RESPONSE

In planning for the next 6-12 months, recognising the above and uncertainty around Covid-19, we have set out the areas where we will focus our collective responses and actions. This work primarily relates to acute care and hospital services.

Our aim is to gradually and safely increase the level of services provided for our population, building on our mutual aid agreement to provide the best level of service across the region, whilst continuing to ensure outcomes from other life limiting or life threatening conditions is not impacted. In doing this we will also work with our national health service partners particularly NHS GJNH, SAS and NHS 24.

2.1.1 CANCER AND SCHEDULED CARE

The management of cancer and scheduled care will be the main area of focus in terms of recovery. During the first wave of the COVID-19 Pandemic, specialty specific groups reviewed their pathways and altered their approaches to treatment to reflect this new and additional risk. This minimised the risk of preventable harm and optimised outcomes for patients requiring cancer treatment including surgery, systemic anti cancer therapies or radiotherapy. Much of this work was facilitated through the regional Managed Clinical Network and Multi-disciplinary teams.

Over the past 6-9months, NHS Boards have adopted prioritisation approaches to manage patient care. Local clinical prioritisation groups were established to ensure fair and reasonable access to the limited surgery resource in terms of both hospital beds and elective green-site theatre capacity. This has been supported by a Regional Clinical Prioritisation Group and a Scheduled Care Group, involving both senior clinical leaders and senior managers who manage cancer and access programmes in each of the Boards across the West of Scotland. They have a responsibility to: consider the available capacity; support arrangements; learning from approaches adopted in Boards and by specialties; taking a consistent approach where possible to support patient treatment across the region.

In this next phase of remobilisation we will continue with this approach and follow the guidance set out in the *'Framework for Recovery of Cancer Surgery'* formulated by the Scottish Government COVID-19 Cancer Treatment Response Group and from the Scottish Access Collaborative and Modernising Patient Pathways Programme.

Whilst there is an expectation that all Boards will upscale their diagnostic and elective surgery capacity in the coming months to support the ongoing priorities within cancer and address the backlog, there needs to be recognition that there will also be demands for surgery and diagnostic tests that go beyond patients requiring cancer treatment and that these specialties will also require access to a theatre and diagnostic capacity at a time when constraints on capacity are likely to continue. This will require cooperative working arrangements to be put in place to ensure patients with greatest priority are treated and patients in Board areas seeing higher levels of demand and ongoing challenge with COVID-19 are not unfairly disadvantaged.

To support this, NHS Boards within the region are using a prioritisation approach and working together to use available capacity to treat patients with greatest need, ensuring equitability where possible. The initial priority focus of the region will be on priority 2 cases for cancer and orthopaedics, with the aim to set out a plan that identifies demand and considers the available capacity; aligning clinical capacity to the needs of the patient groups while considering how to address backlogs beyond these areas of initial focus.

NHS GJNH will be an important partner in this work to ensure the capacity available at the GJNH can be maximised to support the treatment of patients within the region where surgical capacity does not allow this within the board of residence.

It is recognised that this is a challenging task and will need cross-Board working and/or national support for some specialties on a temporary basis. In doing this it will be important to use capacity most suitable to meet the clinical need; recognising the importance of the wider clinical team in supporting patient care post-operatively to optimise patient outcomes.

Recognising that there will be capacity challenges for the foreseeable future, it will be important to develop agile and responsive approaches to meet demand. Part of the work will involve sharing and learning from the new approaches implemented across the region over the last year; considering digital approaches to capitalise on the transformation experienced such as Near me/ Remote Consultation. It will also be important to work with primary care teams to align demand to capacity, encouraging dialogue to review and adjust pathways and thresholds, where required, to ensure patients with the greatest needs can be accommodated.

2.1.2 PROGRESSING THE REGIONAL PROGRAMME

There is an agreed regional work programme in place, which we will continue with and build on through 2021/22. The key components for the programme plan for West of Scotland work streams are summarised below.

2.1.2.1 REGIONAL SERVICE MODELS IN IMPLEMENTATION

Work will continue to progress key regional programmes, including the implementation of the Major Trauma Network within the West of Scotland. This will be undertaken alongside work to progress the Regional Vascular Service Model and the Regional Sexual Assault and Rape Service agreed in 2020. Work will also continue through the Systemic Anti Cancer Therapy Group and the Ophthalmic Services Programme to revisit challenges and opportunities in relation to demand and capacity and the development of supporting roles.

2.1.2.2 EMERGENT SERVICE MODELS AND STRATEGIES

There are a number of programmes underway to develop the strategic direction, and emerging service models (which are at the detailed planning stage) will also be progressed. This includes work on Interventional Radiology; Thrombectomy; Upper GI Service Model; and OMFS. Work will also continue to conclude the Cardiac Strategy which has been reviewing the following areas: Acute Coronary Syndromes; Cardiac Surgery; Electrophysiology; and Devices, Structural Heart Disease Cardiac Imaging, Heart Failure. Similarly, the work to progress the Urology Service models for Female and complex reconstruction, Cancer Surgery and the Core Urology and Out of Hours model will also continue.

2.1.2.3 CROSS REGION ENABLING ACTIVITY

Within the region there are a number of cross regional enabling activities which will also be continued and/or resumed to support the planning and delivery of future services including:

- The *Regional Innovation work* which has continued and helped progress new approaches during the COVID-19 Pandemic. During 2021/22 we will share learning and consider approaches being piloted for wider application and implementation across the region.
- The *HR and Workforce Planning Work Programme* which is reviewing the medical workforce requirements across the region and developing nurse and advanced practitioner roles to support service provision primarily focused on cystoscopy, endoscopy and ENT.
- The further development of the *Regional PAMS* will resume along with the further development of the whole system service planning and modelling tool to help support service and capital planning.

3.0 PLANNING FOR WINTER

Planning for Winter 2021/22 has commenced and, as in previous years, is a multi-agency approach across NHS Lanarkshire, North and South HSCPs, together with the respective supports, e.g. SAS, NHS 24 etc.

We are very aware that the flu vaccination programme will need to take account of the progress achieved in the COVID-19 vaccination programme, recognising that the same cohort of staff will deliver both vaccine programmes.

This Plan looks forward to the first two quarters of the year and winter planning will take place over the first two months of 2021/22. It is anticipated that the planning will be finalised by October 2021.

4.0 HEALTH AND SOCIAL CARE SERVICE PROVISION

4.1 PRIMARY AND COMMUNITY HEALTH SERVICES

The health and social care services delivered by our HSCPs are pivotal to the safe and effective recovery from the pandemic. NHS Lanarkshire and the 2 respective H&SCPs have agreed a process whereby services have been recovered in line with clinical prioritisation and taking account of other logistical requirements, e.g. observing 'social distancing'. At this stage, many of the services have been unable to recover fully and even utilising alternative technology-based approaches, many are in a scenario of escalating waiting times. As such, a key priority over the next 12 months will be creating sufficient capacity – both in relation to staff and space - to return waiting times to a more appropriate level.

Many of the additional staff and services established to manage the impact of COVID-19 will continue to be required for at least the first 6 months of 2021/22 and these are highlighted in the undernoted narrative.

Additional staff will also be required to form and provide a new service for those managing the effects of 'Long Covid' and this is described further below.

4.2 HSCPS SERVICE RECOVERY PRIORITIES

The service priorities for the HSCPs are detailed in the table below.

AREA OF WORK	BASELINE (CURRENT STATUS OF THE SERVICE, JANUARY 2021)	AIM (EXPECTED STATUS OF THE SERVICE, END OF MARCH 2022)	ACTIONS REQUIRED
General Practice	GPs moved to operating at Level 2 'managed suspension of services' as a result of many other supporting services being stood down during the 3rd wave of the Pandemic over December through February.	It is anticipated the service will move back to Level 1 as supporting services are resumed. The service may need to move back to level 2 working depending on any further waves of COVID-19.	On-going involvement in prioritisation and communication as to which services can be prioritised and established accordingly.
	All 102 practices have been set up to be able to perform 'Near Me' consultations.	Many practices have already indicated that they will continue to use telephone triage; use of 'Near Me' as part of the future delivery of services. Of the 184 GP responses in a recent survey, over 80% felt there was a role for telephone consultations for default patient assessments, GP assessment following navigation by Reception, and follow up of previous encounters.	Continue to engage with GPs to support the continued use of remote consultations by telephone and Near Me. Both will enable reduced footfall through practices to observe social distancing requirements. This will require associated staffing of the Telehealth team and this is referenced in the 'Digital and Innovation' section.
	The enactment of the PCIP in implementing the new GMS contract will also continue through 2021/22, albeit there will be work required to understand the respective timescales and implementation of the various elements, recognising that many of the staff originally identified are now supporting the response to COVID-19 and the Vaccination programme.	Details of the current progress in implementation of the PCIP is as per appendices 1, 2 and 3. Further refinement will be required as more information is known re future vaccination requirements.	Additional staff to support vaccination programme may be required on a recurring basis to release PCIP staff and is referenced in the 'Vaccination' section.

AREA OF WORK	BASELINE (CURRENT STATUS OF THE SERVICE, JANUARY 2021)	AIM (EXPECTED STATUS OF THE SERVICE, END OF MARCH 2022)	ACTIONS REQUIRED
	In Lanarkshire, a Local Enhanced Service (LES) exists to provide the opportunity for a General Practice to be the named practice to look after a specific care home. Whilst the majority of care homes are covered in this way, a number are not and there are no practices which are prepared to take on this additional responsibility in the respective area.	A further request will be made to GP practices in the areas where there are a few care homes with no LES in place.	To be reviewed following a further request of expressions of interest.
Out of Hours Services (OOH)	Service being provided alongside COVID-19 Assessment Centre.	All calls are now offered a telephone/Near Me consultation prior to the person being invited to attend an Out of Hours Centre and or receive a home visit. The technology advances now also enable an increased number of staff to work remotely and able to assess/consult via Near Me from out with the OOH Hub. Additionally, advances also enable access to clinical portal and emailing of prescriptions to local pharmacies, thereby precluding the need for many patients to visit one of the centres to receive a prescription and/or faxing of same to pharmacies.	It is envisaged this form of working will continue such that social distancing can be observed as well as reduced incidence of any cross infection risk. OOH working will also be an important factor in the management of any subsequent expanded Respiratory response as part of planning for this winter. It is also intended to manage the two services – i.e., COVID-Hub and Acute Respiratory Illness Centre (ARIC) and Out of Hours as a single entity.
COVID-19 Assessment Hub and COVID Assessment Centres (CAC)	The COVID-19 telephone hub continues in Airdrie Health Centre whilst the ARIC now operates exclusively from Douglas St (Hamilton). This is the same facility from which the Out of Hours service operates from.	The CACs have been replaced with the 'Acute Respiratory Illness Centre' (ARIC).	Further modelling in relation to future requirements and model of service delivery. This will ensure a separate primary care flow for suspected Covi19 patients. This will include discussion with wider GP colleagues and acute clinicians.

AREA OF WORK	BASELINE (CURRENT STATUS OF THE SERVICE, JANUARY 2021)	AIM (EXPECTED STATUS OF THE SERVICE, END OF MARCH 2022)	ACTIONS REQUIRED
			Work is commencing to understand the potential of GPs undertaking initial assessment and referral to ARIC.
Community Nursing Services	All community district nursing services are operating a curtailed visiting schedule on a home visit basis and telephone triage process in line with clinical triage and SG guidance.	It is anticipated this will continue for the foreseeable future but will require review of guidance. Community nursing staff have also been providing direct support to the care home sector in a number of ways, including direct service provision when insufficient staffing in a given home; supportive visits, and providing a dedicated care home liaison service.	Further work required to provide all staff with necessary IM&T support to allow current remote working to continue post COVID.
Treatment Room Services	All treatment room services are operating fully – albeit with different systems re ensuring patient and staff safety.	The position will continue to be reviewed to ensure service stability	Further work is required to assess whether there is further opportunity for self-care/use of other technologies and subsequently reduced reliance on face to face consultation in treatment rooms.
Minor Injury Services in Community Hospitals	Currently, the minor injury units have been stood down to allow social distancing, as well as recognising infection risk associated with additional footfall in community hospitals.	It is anticipated the status quo will be maintained for the next six months.	No further action at this point.
Substance Misuse Services – CAReS and ART	Currently clinical activity is being prioritised in relation to individual risk assessment & level of clinical need. There is a reduction in clinic-based appointments with the majority of contact with service users taking place via the telephone. However, an increase in home visits is required in response to increased clinical risk due to deterioration in patients' mental health and or management of substance misuse problems.	The current position of service provision is under review as: - limitations with remote contact for some existing patients is becoming evident; and - in view of the rise in referrals to the service and the impact of lockdown measures on patients' mental health and ability to	Inclusion of Substance misuse services in locality planning. Prioritisation of which services can begin to return to face to face service provision which is deemed necessary due to clinical or associated public protection risks.

AREA OF WORK	BASELINE (CURRENT STATUS OF THE SERVICE, JANUARY 2021)	AIM (EXPECTED STATUS OF THE SERVICE, END OF MARCH 2022)	ACTIONS REQUIRED
		continue managing substance misuse problems. Face to face clinic appointments are being increased in recognition of the number of people who are finding difficulty engaging with remote consultations. Telephone consultation takes place prior to any Face to Face contact.	
Health Visiting / Family Nurse Partnership (FNP)	Work has been done on the basis of an agreed reduced visiting schedule as per SG Guidance and prior telephone consultation.	The FNP service resumed full working.	Further work required to provide staff with necessary IM&T support to facilitate full 'remote' working.
Vaccine Transformation Programme	Work will commence imminently to understand the implication of delivering the flu vaccination programme in 2021/22, as well as the other elements of the Vaccine Transformation Programme.	Work is ongoing in identifying the logistical issues associated with delivery of flu vaccines to a similar level as 2020/21. Depending on roll out of COVID-19 vaccination programme/other COVID-19 vaccination implications, there may be scope for utilising similar premises/approach.	Identification of potential accommodation to support such a high volume of patients to receive vaccine. Likely to be out with NHSL estate.
Allied Health Professional (AHP) Services Detailed below for individual services	All AHP services are now operating a hybrid model of utilising remotely consultation where possible, offering advice and support via telephone support, or the use of Near Me and face to face when required. A number of the AHPs have been and some still are deployed to areas in support of additional beds to manage COVID-19 inpatient flow. As a result of the loss of face to face consultation opportunities and having to support other areas deemed as	All AHP services are identifying current service provision with a view to establishing service capacity to meet need. In recognising many are in support roles for consultant led outpatient clinics, there is a need to identify additional capacity as part of the plans to manage waiting times back to pre COVID-19 levels. The detail of this is	A scoping exercise looking at elements of AHP services that potentially could be relocated into surplus and/or non-NHS premises is being undertaken to assist with social distancing and reducing footfall in Hospitals and Health Centres.

AREA OF WORK	BASELINE (CURRENT STATUS OF THE SERVICE, JANUARY 2021)	AIM (EXPECTED STATUS OF THE SERVICE, END OF MARCH 2022)	ACTIONS REQUIRED
	higher priority, e.g. physios in ITU, then there will be additional staffing requirements to support getting waiting times back to similar levels as pre COVID-19. Of significant note is the increasing number of older people requiring rehabilitation given their isolation during lockdown and the associated lack of exercise and mobility.	captured in the acute plans re scheduled care.	
Support for hospital flow and complex patient discharges	Additional resource has been mobilized to maximise flow through the hospitals into the community. This includes utilisation of a number of staff from other roles to support re-ablement and maximisation of independence prior to person getting to home.	Work is continuing to maximise flow, however this has been impacted by the need to redirect resources to support care homes. Specific work across the 3 sites around Planned Date of Discharge and Discharge to Assess has improved flow and this methodology will be rolled out in full during 21/22. Work has also been undertaken to maximise patients' independence with medicines. It is anticipated that as funding to sustain empty beds in care homes reduces, then so there may be more of a preparedness to accept new admissions more readily.	Ongoing support from Public Health Department with a view to reiterating extant PHS Guidance (albeit this changes very regularly). Seek to expand this learning into other hospital sites and indeed look to see how re-ablement including medication alignment within the community to support patients and their families to become as independent as possible with their medication.
Dietetics Acute Adult Service	Continued provision of assessment and treatment of inpatients. Significant increase in service to ventilated patients within ICU across the sites. Suspension of direct face to face consultations to Acute outpatient clinics. Lists triaged with interventions provided via telephone contact or Near Me platform.	Aim to return all dietetic services to pre-COVID levels through new models of delivery. It is estimated that 50% of all dietetic outpatient interventions will be provided remotely. Albeit there may be scope to increase this number following EQIA assessments to ensure that all	Review of current service models and available technology.

AREA OF WORK	BASELINE (CURRENT STATUS OF THE SERVICE, JANUARY 2021)	AIM (EXPECTED STATUS OF THE SERVICE, END OF MARCH 2022)	ACTIONS REQUIRED
		necessary support is in place for those who may be unable to participate in the new ways of working.	
Acute Paediatric Service	Continuation of Multi-Disciplinary Team (MDT) clinics with paediatric team via Near Me platform. This was practice prior to COVID lockdown. Neonatal unit provided with service remotely liaising with staff.	Identify capacity for increased provision of face to face interventions. Capacity plan re future recovery and associated waiting times is included in the attached activity templates.	Identify physical space to provide face to face consultations. Explore the potential for this to be relocated into non-NHS premises to assist with social distancing and reducing footfall in Hospitals and Health Centres.
Dietetic Gastro Service	Suspension of direct face to face consultations to Gastro outpatient clinics. Lists triaged with interventions provided via telephone contact or Near Me platform.	Capacity plans included as part of overall recovery with anticipated return to pre-COVID-19 levels by 31 March 2021	Scope use of clinical measurement clinics to gather information for remote consultations. Develop protocol to identify patients who require face to face interventions as part of treatment.
Dietetic Community Outpatient Clinic Service	Suspension of direct face to face consultations to community outpatient clinics. Lists triaged with interventions provided via telephone contact or Near Me platform.	Capacity plans included as part of overall recovery with anticipated return to pre-COVID-19 levels by 31 March 2021	Work with national dietetic network to ensure equity across Scotland.
Dietetic Community Domiciliary Service	Suspension of domiciliary visits to caseload. Continued provision of assessment and treatment of nutritional compromised patients via telephone and to a lesser extent Near Me platform (due to age and frailty of client group) Face to face nursing service as specified in Nutritional Support Contract has continued to provide support with		Consult with public and patient partnership groups to ensure patients are involved in protocol development.

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	issues relating to feeding tubes and training on feeding pumps has continued. The result has been the avoidance of admission and timeous discharge in this client group.		
Occupational Therapy	Priority 1- CRITICAL caseloads maintained across all care groups and clinical specialties. Priority 2- SUBSTANTIAL caseloads also maintained for Acute & Community Teams; Stroke/Neuro/CBIT; Acute MH/LD; Forensics, Addictions. Priority 3 & 4 – MODERATE/LOW cases originally stepped down across all care groups and out-patient specialties however now being re-introduced. OT staff deployed from primary care OT (GP), C&YP and MH/LD care groups to support acute and community rehab teams. Telephone/Near Me Triage, Assessment and Treatment interventions utilised whenever possible. Signposting to self-management materials or patient education resources where relevant. Additional skills training undertaken to support nursing and homecare roles e.g. phlebotomy, vital signs/clinical observations, and medicines management.	Phased return of small primary care OT team back to General Practice to support patients who are shielding or who have increasing mental health and wellbeing needs (n = 7) Phased return of C&YP OT team to support P1 & P2 cases, including children with mental health, behavioural/neurodevelopmental, and postural management needs (n = 10) Step up of rheumatology and hand injury out-patient services to include P2 substantial cases. Phased return of MH/LD/Addictions staff to ensure continued support to P1 & P2 cases. Step up of P3 and P4 cases Additional input required to support additional rehab needs of elderly and to support the ongoing success of the 'home first' approach which has seen a significant reduction in Delayed Discharges across the South H&SCP.	Consideration to management of outstanding P3 & P4 waiting lists. Review of accommodation and rostering arrangements to support social distancing. Continued use of Near Me, Webex, Remote Group technologies, MS Teams to support more agile working practices. eHealth support to ensure access to electronic record keeping systems which will further enhance remote/home working solutions; remote access to Vision for OTs in GP practice. Additional resources to support alternative working patterns, and cost of increased telecommunications & IT equipment will be required.
Physiotherapy Services	All inpatient activity continues as normal, with GP Advanced Practice MSK service maintained. Caseloads Triaged and those patients classified as Urgent have been maintained across MSK/Community/Neuro/Learning.	All redeployed staff to have returned from acute/community settings to substantive roles by March 2021 and subsequently deployed to reduce current waiting times.	Waiting List Validation Development of Physiotherapy Website to promote self-management

AREA OF WORK	BASELINE (CURRENT STATUS OF THE SERVICE, JANUARY 2021)	AIM (EXPECTED STATUS OF THE SERVICE, END OF MARCH 2022)	ACTIONS REQUIRED
	Disability/Falls/Pulmonary Rehab/Paediatrics OP services using Near me or telephone - face to face only if necessary due to risks identified, Caseloads triaged as routine across MSK/Respiratory/Amputees/Paediatric/Learning Disability services have been suspended to allow staff to be redeployed to assist acute and community workforce as part of the COVID response. Caseloads triaged as routine have been maintained within Falls/Neuro/community services. Cardiac Rehab Services adapted and maintained. Telephone/Near Me Triage, Assessment and Treatment interventions utilised whenever possible. Signposting to self-management materials or patient education resources where relevant.	The proposed trajectory to return to pre COVID-19 levels will require additional staff for a minimum of 12 months. Reinstate all OP services across all specialties where able - delivering remotely using near me/telephone/digital platforms by default and face to face only if high risk identified during remote assessment	Short term investment in additional Band 5s to support waiting times improvement. Continued use of Near Me, WebEx, Remote Group technologies, MS Teams to support more agile working practices. Scoping of additional resources to support alternative working patterns, and cost of increased telecommunications & IT equipment. eHealth support to ensure access to electronic record keeping systems which will further enhance remote/home working solutions. Identification of additional accommodation and rostering arrangements to support social distancing.
Orthoptics and paediatric optometry	At present all orthoptic patients were coded as green therefore service stopped all outpatient appointments. Orthoptics has been supporting ophthalmology seeing any red patients and ROP clinics.	All staff back from redeployment triaging patients as paediatric patients will be changing from green to amber/red as per the royal college of ophthalmologist guidelines. This will be a mixture of face to face consultations and telephone/ attend anywhere consultations for orthoptics. Optometry service seeing urgent paediatric patients for refractions.	Looking at changing the orthoptic service to 5 day 8am-8pm and changing to 3 session days. Further modelling in relation to future requirements and model of service delivery. Taking advice from the Royal college of ophthalmology and the British and Irish Orthoptic Society. Increased staffing would be required due to social distancing to enable patients to be seen and cover the 3 acute hospital sites.

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Podiatry	At present the Podiatry service is delivering essential services to patients which include; nail surgery, wound care and some MSK.	New model of care is currently being designed and will be implemented using digital technology to greatly reduce face to face consultation and at the same time will assist the organisation in managing the need for facilities as the recovery programme progresses. This will initially focus on MSK services but will become a standard across all specialities within Podiatry.	Standard operating procedure put in place, engagement with patients and some test of change will be included to evaluate the model. Some additional IT equipment will be required to facilitate the new ways of working. Additional face to face clinics have also been re-established in some areas to support increased activity concentrating in priority patients.
AHP- Speech and Language Therapy Service	All adult and Children's Speech and Language Therapy services are now fully recovered with staff returned to their primary role. Equipment to support remote and flexible working is also in place for all staff. Universal and target responses remain available.	SLT service will be using a blended service model with remote consultations being the default and direct face-to-face consultations arranged where clinically necessary. Staff have been increasing the use of Near Me and increasingly accessing supports for people to become more digitally confident to support increased access to services. For Adult services waiting times have recovered to target. For CYP- universal and targeted supports have continued to be available. Consultation with Education in North Lanarkshire and South Lanarkshire Councils is ongoing to ensure Education Contract services work recovers a school based presence at a pace commensurate with school opening arrangements.	Ongoing modelling of remote vs face to face working for clients with swallowing and communication difficulties is required. Models for multidisciplinary and multiagency working is ongoing as confidences in the medium grow and digital access is increased for patients. Work is being done to revise the staffing model within SLT which will identify the resource to ensure increased staffing capacity over the next 18-24 months. Staff welfare and support is a focus to ensure a robust workforce is maintained.

AREA OF WORK	BASELINE (CURRENT STATUS OF THE SERVICE, JANUARY 2021)	AIM (EXPECTED STATUS OF THE SERVICE, END OF MARCH 2022)	ACTIONS REQUIRED
		CYP waiting times have improved but remain a challenge.	
Orthotics	The orthotic service had taken the decision that all out-patient services would be delivered remotely with an escalation process in place ensuring patients are managed appropriately and safely. Of the 1800 remote consultations undertaken, 200 have thus far necessitated a face to face appointment on the basis of clinical need.	Active Clinical Referral Triage to be in place to manage patients more appropriately with patients being empowered to take responsibility for their own care where possible. Remote consultation to be the first point of contact for all orthotic patients. With an appropriate escalation process in place to ensure only patients truly requiring face to face consultation are managed in this way Anticipated 50% of all future work could be undertaken remotely.	Confirmation of necessary accommodation and IM&T capacity required to support ongoing new ways of working.
Palliative Care Services	Services have moved to support patients across hospitals, hospices and community. A community focus has been taken and teams operating virtually through the use of 'teams' and ensuring continued multi-disciplinary meetings and review of patients.	Current working arrangements will continue with view to building on current working for future service delivery. Full service resumed in all inpatient hospice beds.	Continue to review on basis of revised relaxation of 'lockdown' rules. Assess potential to resurrect community hospice project – CLAN. Introduce PGD to support DNs ability to provide end of life medications. A range of other techniques, such as the availability of TTO oral and injectable palliative care medications, within A&E and OOH centres along with a process for repurposing of medicines in care homes have also been developed. The overall aim is to provide a service which is quickly responsive to patient need and efficient in

AREA OF WORK	BASELINE (CURRENT STATUS OF THE SERVICE, JANUARY 2021)	AIM (EXPECTED STATUS OF THE SERVICE, END OF MARCH 2022)	ACTIONS REQUIRED
			terms of minimising waste of medication (which may be in short supply).
Community Pharmacies	Community pharmacy services have been operating a range of services throughout the last few year. Many of the Covid related changes required have been very challenging. Others have been beneficial and may well stay long term post Covid.	Pharmacies have now managed to move to a more 'level' service model and appear to be managing demand. Going forward, the aim is that Community pharmacy services will find and cement new ways of working which are safe and sustainable for the new working environment. This will contribute to the overall priorities for NHS Lanarkshire and the HSCPs. Community pharmacies are now the places where the majority of smoking cessation services take place and the vast majority of Emergency Hormonal Contraception is delivered. However, consultation rooms within pharmacies tend to be very small and social distancing is challenging. Assessment is required to address this and new technology/Near Me may help. It is recognised that this has some way to develop in community pharmacies.	Continue to review and support. As part of the wider recovery process, a series of areas are being looked at in terms of community pharmacy. These include: **NHS Pharmacy First -** Walk in service supporting the whole of Primary Care by establishing community pharmacy as the first port of call for treatment of many common clinical conditions. **Pharmacy First Plus** - will broaden the range of clinical conditions treatable in community pharmacies by using community pharmacists with Independent Prescribing authority. **Pathways and Referral Options -** with a greater number of patients attending community pharmacy as a first port of call there will be value in formalising referral routes to and from community pharmacists to a number of other MDT members including e.g. GP staff, Physiotherapy and social care. **Unscheduled Care -** a community pharmacy service which continues to support additional delivery of NHS patient care,

AREA OF WORK	BASELINE (CURRENT STATUS OF THE SERVICE, JANUARY 2021)	AIM (EXPECTED STATUS OF THE SERVICE, END OF MARCH 2022)	ACTIONS REQUIRED
			covering a wide range of circumstances where obtaining a prescription is not practical, ensuring continuity of care for patients and easing demand on other primary care colleagues and Out of Hours Services. **Medicines Care and Review -** this service will deliver care to the people of Scotland through ongoing development of pharmaceutical care plans for patients with longer term conditions and the wider implementation and availability of serial prescriptions. **Immunisation -** to date NHS Lanarkshire has not contracted with community pharmacies for vaccination of flu or COVID within their pharmacies. We should though be open minded to this potential for future services. **Substance Misuse Services -** in responding to COVID-19 work and national statistics on Drug Related Deaths, work is ongoing with the local ADPs increase the role of community pharmacy to address local needs. All of the above involve: 1. Greater cooperation between CPs (via NHSL & CPLA) and HSCPs in furthering integrated approaches between health and social care

AREA OF WORK	BASELINE (CURRENT STATUS OF THE SERVICE, JANUARY 2021)	AIM (EXPECTED STATUS OF THE SERVICE, END OF MARCH 2022)	ACTIONS REQUIRED
			2. Assuring stability of the Community Pharmacy network and workforce which is currently under pressure from a variety of different angles
Dental Services	All GDPs and Community Dental Services were closed, with emergency services being provided from a number of dental hubs 'UDCC's. Some elements of GDP services are being provided, but further progress is required to be able to resume all services. All **GDS** practices have now reopened and since 01/11/20 have been providing a full range of NHS care. Significant backlog of patients waiting to be seen for 'routine' care e.g. examinations but patients are being prioritised when triaged over the telephone so that any patients in pain can be given an appointment. All practices are still working to a much reduced capacity due to fallow time and IPC measures Gradual progress has been made in terms of re-mobilising the **PDS,** albeit patient numbers are reduced due to COVID-19 mitigation processes, enhanced decontamination and post Aerosol Generated Procedures (AGP) fallow time. The extra restrictions have also had consequences in terms of service delivery, particularly in relation to domiciliary care, where we are continuing to function on an urgent	Access to paediatric emergency dental surgery for children with special needs has been sporadic as a result of pressure on Acute hospitals. There is still a significant backlog of demand and insufficient theatre capacity to manage same. Work is ongoing to identify if alternative venues/service providers could be utilised. Work was also undertaken to action the advice received from the CDO, received 20 May 2020 and subsequent guidance in moving towards re-establishing wider dental services	Walk round of theatres to ensure all logistical and PPE issues identified and plans in place to safely resurrect service have taken place and some lists are now being scheduled. Further guidance awaited as to when sufficient PPE will be available to support return of full AGPs in GDP service. AGPs are being offered in all practices and PPE is being provided to these practices for up to 20% of NHS capacity as recorded pre-COVID-19. PDS staff are co-ordinating the delivery of PPE to practices both physically and via the online ordering system which has just commenced. A significant number of dentists from both GDS and PDS are helping support the vaccination programme workforce.

AREA OF WORK	BASELINE (CURRENT STATUS OF THE SERVICE, JANUARY 2021)	AIM (EXPECTED STATUS OF THE SERVICE, END OF MARCH 2022)	ACTIONS REQUIRED
	case only basis. It is envisaged that this will improve as vaccinations progress and restrictions ease. The PDS also continues to provide urgent care for unregistered dental patients for all of Lanarkshire and this is likely to continue as fewer practices are registering new patients while they deal with the treatment backlog		
Optometry Services	Essential, emergency services continue, and routine GOS services re-established in September 2020 - under strict infection control limitations. Most practices report a reduction on normal activity due to lockdown, and shielded patients unwilling to leave home.	Discussion with acute colleagues has resulted in a significant increase in shared care activity with over 2,000 patients previously seen in Ophthalmology Outpatient clinics being placed in the community and being managed & treated by Community Optometrists. This includes ocular surface disease, glaucoma, uveitis, oculo-plastic and medical retinal cases.	PPE now available to independent optometrists. Over 100 optometrists have signed up to support the COVID-19 vaccination centres across NHS Lanarkshire.
Shielding	A robust process of identification of shielding patients is now well established and clear protocols to add/remove as new cohorts are identified/condition changes.	All such patients are now coded on the respective GP systems. Council colleagues continue to support provision of essential services to these patients where required.	A core group was established to continue to oversee provision of service to this group of patients as well as supporting any additional cohorts identified.
Implementing remote team working	Microsoft Teams is in place and working well alongside existing email and other systems, with most team meetings now held over a remote system	Consolidate this experience and learning and ensure that the best of this forms the basis for guidance going forward. Ensure that remote team working is delivering good team performance.	Evaluate Team working.
Sexual Health Services	Sexual health services have recovered all services but are operating at a reduced capacity	Considerable effort has been made to ensure a blended model of service including	There is an urgent requirement for postal/online testing for all STIs and BBVs as

AREA OF WORK	BASELINE (CURRENT STATUS OF THE SERVICE, JANUARY 2021)	AIM (EXPECTED STATUS OF THE SERVICE, END OF MARCH 2022)	ACTIONS REQUIRED
		remote consultation, telephone consultation service as well as postal and self-administered / self-testing services. There remains however a significant proportion of patients who require face to face consultation. Some clinic premises are suitable for social distancing and these are the sites we are operating out of, however, the footfall has greatly reduced.	soon as possible to enable patients to access tests without requiring to come into the clinic. There is an urgent requirement to identify premises suitable for young people to be seen at safe distances should we be unable to re-establish our drop-in Young Persons Clinics and Health Centres. Work is ongoing in considering the service workforce skill mix to maximise responses including clinical, medical, pharmacy and admin resources.

Sexual Health Services	Sexual health services have recovered all services but are operating at a reduced capacity	Considerable effort has been made to ensure a blended model of service including remote consultation, telephone consultation service as well as postal and self-administered / self-testing services. There remains however a significant proportion of patients who require face to face consultation. Some clinic premises are suitable for social distancing and these are the sites we are operating out of, however, the footfall has greatly reduced.	There is an urgent requirement for postal/online testing for all STIs and BBVs as soon as possible to enable patients to access tests without requiring to come into the clinic. There is an urgent requirement to identify premises suitable for young people to be seen at safe distances should we be unable to re-establish our drop-in Young Persons Clinics and Health Centres. Work is ongoing in considering the service workforce skill mix to maximise responses including clinical, medical, pharmacy and admin resources.

AREA OF WORK	BASELINE (CURRENT STATUS OF THE SERVICE, JANUARY 2021)	AIM (EXPECTED STATUS OF THE SERVICE, END OF MARCH 2022)	ACTIONS REQUIRED
Sexual Health Services	All patients are having telephone consultations by either nursing staff, doctors and/or Consultants. All routine contraception is being posted to patients following telephone consultation. Should a patient require a face to face consultation for urgent or priority conditions these are vetted by Consultants so that face to face interaction with patients is minimal and all clinics are maintaining a face to face service on a daily basis in very few sites. This is to enable urgent or priority conditions who need examined only to be seen. Testing for STIs and BBV is extremely limited due to reduced lab capacity and also reduction in face to face consultations. PrEP patients are managed where possible via telephone consultations but there have been no new patients on PrEP. All LARC activity is suspended except implant fitting post termination and emergency IUD fitting. All patients on injectable contraception have been switched to self-administering this where possible. Extended hours in office for telephone consultations has enabled safe distancing of staff.	We intend to maintain a fully operational remote consultation and telephone consultation service however there remains a significant proportion of patients who require face to face consultation. Site visits have shown some clinic premises to be suitable for social distancing and these are the sites we are operating out of, however, the footfall has greatly reduced.	There is an urgent requirement for postal/online testing for all STIs and BBVs as soon as possible to enable patients to access tests without requiring to come into the clinic. There is an urgent requirement to identify premises suitable for young people to be seen at safe distances should we be unable to re-establish our drop-in Young Persons Clinics and Health Centres. Work is ongoing in considering how to move to the next tranche of priority services.
School Nursing	Work has been done on the basis of an agreed reduced visiting schedule as per SG Guidance.	Continue with outlined SG guidance with focus on child protection, LAC and vulnerability	Clinical reference group providing guidance and oversight
Specialist Nursing (Neurology)	Consultations being undertaken both face to face and introduction of 'Near Me'	Consideration if triaged required for face to face consultation and use of NHS Near me built in to service delivery. Approval given to	Continue to review

AREA OF WORK	BASELINE (CURRENT STATUS OF THE SERVICE, JANUARY 2021)	AIM (EXPECTED STATUS OF THE SERVICE, END OF MARCH 2022)	ACTIONS REQUIRED
		re-establish Parkinson's and MS nursing services.	
Health and Homeless Services	Work has been done on the basis of an agreed reduced visiting schedule and prior telephone consultation	It is anticipated this will continue throughout 2021/22 with a view to establishing increased visiting in line with reduced limitations on face to face consultations	Work being overseen by specific service review group and in partnership with housing authorities
Delayed Discharges	**In South H&SCP**, significant progress has been made in reducing the number of Delayed Discharges and associated bed days. This has involved utilisation of Planned Date of Discharge work in the hospitals as well as additional support from Home care, improved access to care homes and utilising the 'home first' concept with associated support from community services.	To maintain the progress gained, ongoing investment will be required in the services supporting this model. These are set out in the SL H&SCP plan attached at appendix 4. It is anticipated that as COVID-19 inpatient numbers reduce and there is an increased number of other patients e.g. non urgent orthopaedics, then so the demand on support for discharge will increase. As highlighted in the sections relating to OT and physio, these patients will have increased rehab needs.	Ongoing investment in support services maintained

AREA OF WORK	BASELINE (CURRENT STATUS OF THE SERVICE, JANUARY 2021)	AIM (EXPECTED STATUS OF THE SERVICE, END OF MARCH 2022)	ACTIONS REQUIRED
	In North H&SCP Planned Date of Discharge has had a significantly positive impact on patient flow, in conjunction with Discharge to Assess, adopting an approach with supports quick access to recovery, rehabilitation and reablement at home. A daily partnership call is held to review all planned dates of discharge (alongside all other delayed discharge cases), to ensure all actions are progressing in line with the projected date. This has had a significant impact on how the system operates and creates a much quicker system of escalation to resolve any issues. Full details of the draft North Lanarkshire Mobilisation Plan can be found at appendix 5.	A continued roll out programme across wards on the acute sites will see increased flow gains. Ongoing investment is required to support this work, including resilience within the hospital based team as well as increased capacity within the care at home and care home sector. The demand profile is likely to change with acuity and complexity of needs increasing. Intermediate care and reconfigured use of respite care will remain important in supporting care at home services as options to consider in discharge arrangements.	The opportunity to support discharge with increased support at home (up to the capacity of 24 hour a day support over a very short period of time) will further assist discharge home and assess ongoing support requirements in the most effective way. Utilising and investing in the 3rd sector, as well as building confidences and involving family members fully, is essential to continuing and expanding a whole system approach.

4.3 MENTAL HEALTH AND LEARNING DISABILITIES SERVICES

PRIORITISATION

Mental Health services began to defer cases where the need was not felt to be high in March 2020. Since then, clinical focus has been mainly on the needs of those with higher and more immediate needs, and those who are at risk of developing a greater level of need. During this process people, who have had their appointment deferred, have been contacted initially by letter and then by phone to enquire into their current wellbeing and to ensure that they can access the service. As a result of this, services have organically redistributed staff to meet the needs of the local population and the needs which are arising. Additional resources have been used to keep in touch with those involved with the service and waiting to be seen.

CURRENT POSITION

Psychological and mental health difficulties, whether triggered by the pandemic or pre-existing, are exacerbated and becoming increasingly difficult to treat and discharge due to ongoing pandemic restrictions and interactions. Treatment outcomes and goals set by patients are based on the interaction with their world/society/relationships with others which continues to be skewed with the reduction of social care and social interactions. Patients have specific needs where the pandemic is limiting their progress, this clearly impacts on how clinicians support patients to move through assessment, to treatment, and eventual discharge.

RECOVERY/REDESIGN

As part of Recovery/Redesign process a more formal step up of services was given approval and plans were made for imminent resumption of clinical contact for those who were previously on the waiting list. There was an expectation that this was mostly to be by using phone and video consultation (Near Me). The Recovery/Redesign approval process was required in order to ensure that any interdependencies were taken into consideration and that theses interdependencies were able to take on any additional work required e.g.

- IT equipment
- availability of staff
- access to clinic and office accommodation

Areas of discussion during the process included financial sustainability of new and proposed ways of working, equality of access especially for those in lower socio-economic groups, group work remotely, staff training and competence, governance, and trade union consultation processes.

Clinical activity and clinical capacity across a range of services including Psychological Services and CAMHS have been significantly impacted by the Covid-19. Near Me and telephone consultations, along with a smaller number of face-to-face consultations have been used to recover clinical activity.

Prior to the COVID-19 global pandemic, demand for mental health services was already increasing, with the overall prevalence of mental health problems in adults in the UK expected to rise by 10-20% by 2030 (Mental Health Policy Group, 2012). The Institute of Fiscal Studies (Banks et al., 2020) estimates approximately half a million people will experience mental health issues as a result of the COVID-19 pandemic in the coming year.

PSYCHOLOGICAL THERAPIES

A number of steps are being taken within teams to target the longest waits, and to support those localities with the highest referral rates. Referral criteria have been revised, and triage and assessment processes are also being reviewed.

COVID-19 has exacerbated existing digital inequalities (Beaunoyer et al., 2020) and it is essential to remember that some patients will lack the material requirements to use digital services. Like staff, patients are having to adapt to new ways of working. This may have material impacts (e.g. speed of progress through therapy) and psychological ones (e.g. exacerbating and complicating existing difficulties). Support from 3rd sector partners is essential in supporting digital equality through access to devices, wifi and mifi as well as championing the use and building confidences in the public.

Despite the considerable demands on staff and services, there has been considerable efforts focused on innovation specifically targeted to achieve faster access to psychological therapies and CAMHS. This encompasses a range of interventions, based on psychological concepts and theory, which are designed to help people understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning. A Quality Improvement approach has been adopted, to ensure that front line psychologists participate in leading and delivering change, from improving individual patient care to transforming services across complex health and care systems. The primary intention of the QI approach will be to bring about measurable improvement to the delivery of psychological therapies within NHS Lanarkshire.

CAMHS

In addition to responding to COVID-19, the implementation of the national task force specification for CAMHS Tier 3 and the recommendations detailed within the Deep Dive Report (2019) have been prioritised.

The newly formed Specialist Children's Services Unit came into effect on January 4th 2021. The following actions will be completed by the Unit management team by March 2021.

- Review of NDP workforce and clinical model to ensure pathway is fit for purpose and has capacity to meet demand.
- Review of workforce across CAMH services in light of increase in vacancy rates and failure to recruit. This review will be informed by professions and stakeholders with an aim to reconfigure and redesign clinical models and associated workforce where it is deemed safe and appropriate to do so.
- Progress with business case for Udston Hospital to establish CAMHS base in South Lanarkshire and continue with improvement work across CAMHS estate.
- Scoping, design and consultation on specific, measurable and realistic targets and quality metrics to demonstrate both performance against Scottish Government targets. In addition, evidencing outcomes for service users and their families by March 2021. From January 2021, the CD and GM will be meeting with representatives from SG Directorate for Mental Health to discuss performance and improvement.
- Scoping of quality improvement resource to support the Unit to implement improvement required across performance and quality both within CAMHS and wider specialist children's services.

WHAT WE EXPECT TO ACHIEVE IN 2021/22

In conclusion, waiting times for adult psychological therapies are recovering, but are not yet at pre-COVID-19 levels. Given that the data on psychological therapies RTT submitted to the Scottish Government is a combination of both adult and CAMHS, and acknowledging that CAMHS are receiving unprecedented numbers of urgent referrals, it is difficult to say with any certainty if the 90% standard will be attained over the next 12 months. Particularly, as it is anticipated that there will be a significant increase in referrals to Mental Health Services.

A considered approach must be adopted across all mental health services as we continue to face a number of challenges. Uppermost is the expectation of increased demand on mental health services as a result of the impact of the COVID-19, which as yet we are unable to quantify. The future is still uncertain and we need to make robust changes, and be prepared to be nimble as a service, and potentially step services up and down depending on the national situation.

In conclusion, section 4.3 provides an overview and update for both service areas, identifying challenges that existed pre-COVID19 and links the current understanding of the impact of COVID-19, particularly around a new and increasing demand and acuity of referrals.

The table at appendix 6 serves to confirm the areas of development that have commenced and that will continue through 2021/22.

5.0 REDESIGN OF URGENT CARE

5.1 SCOPE AND PURPOSE OF NHS LANARKSHIRE'S REDESIGN OF URGENT CARE

Lanarkshire's Urgent Care Re-design project team was established in August 2020, with the key objective of developing an urgent care referral hub that would reflect the nationally agreed conceptual model. NHS Lanarkshire, in line with all other territorial Boards, has now implemented a revised model of urgent care to provide 24/7 patient pathways through a single point of access: NHS24/111. All local access for clinical services is now directed by the local Flow Navigation Centre (FNC).

NHS Lanarkshire successfully established the FNC through the expansion of the former Emergency Response Centre (ERC). **Appendices 7 & 8** describe this process. Principally, the redesign has been introduced to support urgent care in the right place, with the right team, at the right time, first time. The key elements of the project are:

- establish an emergency care system that benefits everyone;
- deliver care as close to home as possible by minimising unnecessary face-to-face contact and maximising access to a senior decision;
- ensure patients are seen in the most appropriate clinical environment to minimise the risk of harm;
- safely deliver a whole-system, multi-agency, multi-disciplinary, person-centred approach that ensures right care, right, place, right time, first time;
- deliver strong public messaging about the changes to support the public to use the new system, ensuring that it is linked to self-care and management, and healthier life choices;
- maximise and build upon digital solutions such as Near Me, and virtual wards; and
- establish a single national access route which delivers simple and effective access to patients.

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

This new single point of access went live on 1st December 2020, with successful whole-system working across NHS Lanarkshire and North & South Partnerships essential to enable the implementation of the new service model. While aspects of the FNC function are new, and the bulk of urgent care is 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).

Going live on 1st December 2020 required the development of key pathways of care. While these are standardised across Scotland (where possible), it is the intention to review all pathways. Pathways of care through FNC include:

- minor injuries virtual assessment;

- mental health and social work liaison;
- Clinical Senior Decision making, with professional-to-professional advice;
- face-to-face consultation delivered in a scheduled way;
- ambulatory assessment and same day emergency care; and
- Primary Care referral access to acute specialty advice and/or clinic assessment.

Current pathways have not included children under the age of 16yrs who will be directed to EDs. Although, this will be reviewed nationally as the system and pathways mature.

5.2 INITIAL IMPACT

A key objective of urgent care redesign is to reduce attendances to EDs. However, the significant reduction in ED attendances observed since the launch in early December may be attributable, in part, to the COVID-19 lockdown, rather than solely as a consequence of the new 111 pathways.

Since 1st December 2020, the FNC has managed the referral routes of over 11,000 cases. This equates to approximately 50% NHS 24 referred and 50% Primary Care referred. Additionally, over 500 senior decision-making interactions have taken place and 400 patients avoided from attending ED.

5.3 GOVERNANCE & RISK MANAGEMENT

Risk Registers are held for each sub-group and regularly reviewed at the Programme Board. The escalation path for risks is through individual sub-groups to the Programme Board and from the Programme Board to CMT. 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 the whole system. Mitigation is led by our most experienced clinical leaders and supported by a wide range of managerial supports. Additionally, all necessary Data protection (DPIA) was undertaken and a full equality and diversity impact assessment (EDIA) completed, thus ensuring all redesign complimented any governance and risk strategies.

5.4 NEXT STEPS – 2021/22

It is recognised that the continued success of the Programme is reliant on ongoing planning and engagement. In line with national aims, NHS Lanarkshire's vision for the Programme over 2021/22 is to:

- expand specialties inclusion into the Professional to Professional Consultant Connect senior decision making process and enable video assessment potential;
- develop Realistic Medicine principles, ensuring shared decision making is fundamental to patient treatment outcomes;
- build on existing primary care pathways to enhance professional to professional scheduled care, such as dental, pharmacy, and optometry, nurse practitioners and ambulance service;
- further develop the Partnership Locality pathways thus enhancing the transitional step for FNC navigation of care to 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 technology; and
- align with planned care recovery to enhance urgent 'hot clinic' and specialty clinic pathways.

Adopting and building on these actions will continue to strengthen the scheduling of urgent care and promote collaborative new ways of working. Behind the scenes, key performance metrics continue to be developed and will inform future planning. Information campaigns about the new normal will continue to inform and engage Lanarkshire residents on the redesign of service provision.

6.0 ACUTE SERVICE PROVISION

Due to the pressures experienced by our acute services, it was not possible to provide the level of detail requested at the time of submission of the RMP3 to the Scottish Government in February 2021. Post submission, further detail has been added to this section.

6.1 INTRODUCTION

Due to the impact of Covid19, the available capacity to clinical services has changed significantly, both in terms of physical capacity, and the impact of adherence to national guidance on infection prevention and control. Demand has also been impacted with referral rates being variable. This suggests that as primary care services remobilise, there is the likelihood that there is pent up demand in the system which will impact on outpatients, diagnostics and inpatient services. However, work has been completed in relation to the undernoted Scottish Government Templates which can be found at appendix 9.

- Template 1 - Projections & Historical Activity
- Template 2 – Monthly Activity v Planned Activity
- Template 3 – Clinical Prioritisation

A framework for clinical prioritisation of individual patients on waiting lists for treatment (P1-P4) has been endorsed by National Cancer Treatment Group and the Royal College of Surgeons and Scottish Government asked all Boards asked to apply this moving forward. NHSL has completed this and approximately 85% of patients on the waiting list for treatment have been allocated a P4 category. This means that the clinical team feel that it is clinically appropriate for the patient to wait over 12 weeks for treatment.

https://www.rcsed.ac.uk/media/681261/clinical-guide-to-surgical-prioritisation-during-the-coronavirus-pandemic-version-2-8-june-2020.pdf

The plan for 2021/22 will focus on beginning to recover routine and planned care services, set against a number of recovery principles:

- There will be a continued requirement to be able to flex, pause and create surge capacity at short notice, in the case of a viral resurgence
- Patient pathways must remain Covid-19-safe, including Covid-19 testing, pre-procedure isolation and separation of low and medium/high risk pathways for as long as this remains the recommendation of Scottish Government and relevant professional bodies
- Re-mobilisation and recovery of routine and planned care will continue to follow clinical priority with a retained focus on delivery of cancer performance
- Coordination of recovery will continue to be clinically led, building on the effective arrangements developed during the pandemic, and ensuring that new practices which have worked effectively during the pandemic are continued
- The opportunity will be taken to redesign services as part of the remobilisation process

- The opportunity will be taken to maximise core capacity, access to GJNH and the introduction of new technologies – e.g. cytosponge

This plan includes a request for investment in additional infrastructure, particularly in core staffing for operating theatres and outpatient clinics. This investment in additional staffing will minimise the ask of existing staff to work overtime and additional hours in order to deliver the additional capacity required to begin the planned care recovery, which we anticipate will take several years.

6.2 MODERNISED APPROACH TO PLANNED CARE

The pandemic response provided an opportunity to expedite and benefit from new practices and approaches. The continued development and expansion of these approaches will form a key component of the routine and planned care recovery.

- Waiting List Validation – the implementation programme will be phased across all the specialties, with a shift from the traditional administrative validation to clinical validation. Clinical time will be assigned to delivery of this critical component.
- Enhanced vetting, Active Clinical Referral Triage (ACRT) and other service specific initiatives
- Patient Initiated Review (PIR)
- Team Service Planning
- Digital Enablers supporting non-face to face, and asynchronous consultations

Re-analysis of outpatient demand and capacity will be undertaken during 2021/22 in order to better understand the changes in referral patterns, and to identify where additional actions will be required to respond to these changes on a more permanent basis. This will include USOC referrals.

Many specialties have demonstrated significant waiting list increases but there are particular challenges in specialties which rely more on 'hands-on' examination:

- Dermatology
- Ophthalmology
- Urology
- ENT
- Pain Service

Overall the elective surgical waiting lists have increased, with the biggest impact being for the patients awaiting procedures in the less clinically urgent Priority 3 and particularly the priority 4 categories. The allocation of operating theatre capacity based on clinical priority has affected some surgical specialties more than others. There are now significant numbers of patients waiting over 52 weeks for surgery and many of these patients' procedures are categorised as being of low clinical urgency however the impact on their quality of life, mobility and ongoing pain can be significant. For this reason, addressing the backlog of patients waiting over 52 weeks will be a priority and this will be facilitated by collaborative working with the independent sector in Quarter 1 & 2.

6.3 DEVELOPMENT OF TRAJECTORIES AND KEY MILESTONES

NHSL has a proven track record of undertaking detailed DCAQ capacity planning and setting deliverable trajectories. As part of the remobilisation process the historical gap per specialty between demand and capacity will be reviewed and trajectories set in terms of reduction of long waits and management of activity informed by clinical prioritisation.

6.4 COVID-19: RECOVERY FRAMEWORK FOR PAIN MANAGEMENT SERVICES

Chronic Pain service clinics were stood down in 2020 such that our staff were able to be released to work in ITU and other inpatient areas to support COVID-19 patients. Virtually all our consultant medical staff are Anaesthetists and therefore were one of the first groups of staff to be prioritised towards managing COVID-19 inpatients in high dependency/ITU settings.

We have however now processed the chronic pain service through our formal recovery pathway and have re-started our services in a phased manner. A range of consultant led clinics back up and running - operating on both a remote and face to face basis where necessary.

Since early September, we have also been able to re-instate some of our Lidocaine clinics, albeit, in reduced numbers due to limited bed/clinic space available. If there are no further admissions and associated requirement to free up space and staff to manage increased numbers of COVID-19 patients, then we would anticipate it will be some time until we have access to more beds/clinic spaces and able to move towards having our full Lidocaine service in operation. (N.B the Lignocaine service was stood down in January due to the impact of COVID-19 within UHW, the service recommenced in February.)

The Consultants have limited clinic sessions and have no current availability in taking on extra clinical sessions as they work part time - sharing our clinical commitments between Anaesthetics and Chronic Pain. We have not yet been able to offer theatre interventions for our chronic pain patients. Work is ongoing to identify when that access might be reinstated.

There are ongoing concerns about the use of long acting steroids in patients and we are awaiting the publication of further guidance from The Royal College of Anaesthetists/Faculty of Pain Medicine/British Pain Society in this regard.

In relation to the patients in the community awaiting access to 2o care services, these patients are predominantly being managed by their own GPs – typically via analgesia, prior to there being capacity in 2o care services to manage them accordingly. As will be appreciated, this is a similar position to all the other services where there is understandably not the same capacity available in 2o care and GPs are predominantly having to manage the patient's illness/ongoing symptoms in the meantime.

We are very aware of the difficulties being faced by this group of patients (and others) and are currently taking as many innovative approaches as possible to reduce need for face to face

appointments and/or support them in a range of self-help ways. Ultimately however, we are clinically prioritising as far as possible whilst seeking to manage the overall workload and get to a position where we are able to see people in a timely manner.

It is not possible at this stage to put a definitive timescale on when we will be able to get waiting times back to the same position as was the case pre COVID-19.

7.0 CARE HOMES

7.1 PRIORITIES APRIL 2021 – MARCH 2022

In May 2020, the Cabinet Secretary requested that Directors of Public Health, Medical Directors, Executive Nurse Directors, Chief Social Work Officer and HSCP Chief Officers take immediate action to deliver an enhanced system of assurance around the safety and wellbeing of care home residents and staff during the COVID-19 pandemic.

This support included the provision of professional oversight, analysis of issues, development and implementation of solutions required to ensure care homes remain able to sustain services during this pandemic and can access expert advice on, and implementation of, infection prevention and control and secure responsive clinical support when needed.

In addition to this enhanced professional and clinical oversight NHS Boards were also requested to facilitate the delivery of the Scottish Government's commitment to offer weekly testing for COVID-19 to all care home staff.

Executive Nurse Director roles and responsibilities until June 2021 are detailed below**:**

- to provide professional oversight and clinical leadership and support ensuring health needs of care home residents are met;
- support compliance with IPC, whilst monitoring trends and escalations via safety huddle;
- conduct assurance visits and monitor information trends from safety huddle providing professional and clinical advice on provision of health care needs;
- support education and training in IPC measures in care homes;
- reviewing safety huddle data to identify where specific nursing support may be required and to develop and implement solutions where required. This will include clinical input to ensure that there are effective community nursing arrangements in place to support increasingly complex nursing care requirements;
- support the development and implementation of testing approaches for care homes;
- identify and support sourcing of staffing as required by the care home; and
- a whole system approach to a sustainable vaccination programme.

7.2 PROFESSIONAL OVERSIGHT AND LEADERSHIP

The Care Home Assurance Team has established a strong network with HSCP's, Public Health and Care Inspectorate via daily safety huddle and weekly care home forums with HSCP'S. On a daily basis the compliance of the safety huddle is reviewed focusing on staff absence, any staffing or dependency escalations and outbreak status.

Since January 2021, the safety huddle has utilised an Early Warning Flags process for all care homes. This involves discussing early warning flags with individual care home managers and, if required, undertaking an IPC review to prevent or minimise an outbreak.

7.3 INFECTION PREVENTION CONTROL

The Care Home Outbreak Oversight Group was established in November 2020 to provide oversight of all active outbreaks and is chaired by a Public Health Consultant. Should an outbreak be declared, the Care Homes Assurance Team would deploy an IPC nurse to support the care home manager to review practice and identify any immediate issues. This is in addition to routine IPC audits and support visits. Feedback from these outbreak visits is provided to the Oversight Group and common themes recorded to support the targeting of messaging, education and support for care homes.

Care Home staff and managers' IPC knowledge, and their ability to apply HPS guidance (videos and telephone advice), does not appear to be adequate. Not all care homes have the ability to self-recognise limitations in their knowledge and need for expert advice. A service model to respond to the Scottish Government directive on clinical and care assurance has been established, which includes recruitment of IPC nurses to provide support to care homes to develop knowledge and practical application of IPC measures.

During the Team's supportive visits to Care Homes it has been challenging to identify appropriate cleaning products. This has been escalated via national meetings requesting guidance. NIPCM is in 2nd draft and IPCN is part of the national consensus group for development of the manual. The roll out is now delayed until April / May 2021.

An IPC short life working group has been established involving care home managers, social care managers and Care Inspectorate to drive improvements within the care homes. Common themes from the IPC supportive visits were identified and these provided a focus for improvement work. IPC education and standards of cleanliness and maintenance of the care home environment were identified as a priority. Several care homes are currently trialling the Scottish Infection Prevention and Control Education Pathway (SIPCEP), with a plan to roll this out throughout the care home sector. The recruitment of additional IPC staff will be essential for the successful implementation of SIPCEP across all care homes.

7.4 CONDUCT ASSURANCE VISITS

Initially, support to care homes was provided via remote support visits, with many of the elements reviewed self-reported by the care home. However, it has become evident that the self-reporting on IPC compliance differed from face to face visits led by an IPC specialist nurse. Every adult care home in Lanarkshire has now had a face to face review by an IPC Specialist nurse. A RAG rating system has been developed based on Standard Infection Prevention and Control measures (SIPC). All care homes have been provided with improvement plans and return visits are prioritised to those that have been RAG rated red.

The next cohort of supportive visits will be a collaborative visit with Social Work and Care Home assurance and will commence at the end of February 2021. The recruitment of additional Care Home Liaison staff will support the assurance visits.

7.5 QUALITY IMPROVEMENT

A thematic analysis has been undertaken of all supportive visits and outbreaks to date which has identified a number of areas for quality improvement. These are leadership, record keeping, standard infection prevention control precautions, falls and pressure ulcers. Sub-groups have been established for each of these areas to progress this work and report to the care homes operational group.

To ensure a whole-system approach, membership of all SLWGs include representatives from: Scottish Care; Social Work; Care Inspectorate; Practice Development Centre; Care Home Managers; and the Care Home Assurance Team.

The Care Home Assurance Team is focused on admission avoidance to Acute Hospitals, preventing non-essential Emergency Department attendance. Key to this is the promotion of anticipatory care plans and digital technology. For example, 'Near Me' consultations are currently being used in 80% of care homes for GP's, Tissue Viability & Podiatry services. During 2021/22 this approach will be promoted to all care homes.

7.6 STAFF WELLBEING

The overall aim of the Care Home Staff Wellbeing group is to promote wellbeing and improve access to resources and information. A care home staff wellbeing survey was completed and the analysis was used to inform the group how to target future resources to support care home staff.

A key finding of this exercise was that more work was required to support staff welfare. As a direct result, the group have now set up infrastructure to provide effective welfare support and expertise.

The group has also launched a designated telephone line for care homes to access the "All of Us" wellbeing support service. This will be communicated via a newsflash to reach a wide audience on social media as well as credit card size laminated cards with the number and posters giving further information. The Care Home Assurance Team will support the launch by distributing the laminated cards to all staff who are being vaccinated and using a 'pop up banner' to highlight the support available to all staff.

7.7 TESTING

Care Homes continue to submit their compliance of weekly testing via the Safety Huddle. Compliance and accuracy of data is reviewed weekly and discussed on supportive calls.

All care homes have access to weekly asymptomatic staff testing through either the NHS Scotland regional laboratory or NHS Lanarkshire laboratory testing. South Lanarkshire homes have now been transferred to NHS Scotland regional lab testing and North Lanarkshire homes will be transferred w/c 22 February 2021.

REPORTING WEEK	NO. OF CARE HOMES SUBMITTING DATA	NO. OF STAFF TESTED	NO. OF STAFF DECLINED TESTING
w/c 18/01/21	90	4273	43
w/c 25/01/21	92	4405	76
w/c 01/02/21	91	4427	17

During January and February 2021 there has been a focus on providing a targeted approach to care homes who have recently submitted inaccurate data around the importance of submitting accurate weekly staff screening on to TURAS.

7.8 LATERAL FLOW TESTING

All care homes required support on the implementation of LFD testing. The Care Home Assurance Team continue to monitor completion of training and competency assessments for LFD. A SLWG has been developed to provide additional support to homes who are early adopters and allow the care homes to share any lessons and their improvement work.

7.9 A WHOLE SYSTEM APPROACH TO A SUSTAINABLE VACCINATION PROGRAMME

The Care Home Tactical Vaccination group supports a whole system approach to the vaccination programme. From 14/12/20 the priority for the Care Home Assurance Team has been to deliver the vaccination to all care home residents.

7.10 OVERALL RISKS

- the Care Home Assurance Team is currently only funded until end of June 2021, SG Guidance is awaited;
- unable at this time to secure additional staff for the Care Home Liaison Team (these posts were advertised as seconded posts); and
- additional IPC resources are currently not in place, although recruitment has commenced.

7.11 MITIGATING ACTIONS

- currently reviewing the remit of Band 4 resource within the Care Home Liaison Team to support any current gap;
- if required, support would be requested from HSCP to support Care Home Liaison; and
- additional resources being sourced from NHS Lanarkshire's IPCT, on an ad hoc basis, to support the service until recruitment is completed.

Details of NHS Lanarkshire's Public Health Care Home responsibilities can be found in section 8.3.

8.0 PUBLIC HEALTH

CONTEXT

Given the nature of the global pandemic, NHS Lanarkshire cannot be certain that the plans being developed now (February 2021) will still be valid during 2021/21. While the NHS Board has identified a number of priorities (see below), the key priority is to suppress COVID-19 in Lanarkshire and, thereafter, ensure that the whole system can respond to identified population health and wellbeing needs. Suppressing the virus will reduce the burden of disease, but it will also ensure that those who have suffered the most due to the economic, physical, mental and social aspects of COVID-19 can be actively supported to address the inequalities that impact on their health.

8.1 PUBLIC HEALTH PRIORITIES

The Public Health priorities identified for 2021/22 are:

- suppression of COVID-19;
- support to Care Homes;
- mitigation of the impact of COVID-19 on health and wellbeing of Lanarkshire Communities;
- a whole system approach to a sustainable vaccination programme;
- recovery of public health functions to support population health;
- design and develop a Public Health function that has capacity, is robust and can respond to future health protection needs in Lanarkshire; and
- identify the resources and funding needed to deliver a future PH service.

As a result of redeploying staff to address the Pandemic, the Public Health Department has been unable to provide the governance for screening and immunisation programmes. As a result, work has had to stop or be significantly reduced across a range of public health functions.

8.2 THE SUPPRESSION OF COVID-19

The NHS Lanarkshire **COVID-19 Public Health Tactical Plan** sets out the Health Protection and Test & Protect response required to suppress COVID-19. Key elements of the Plan are cross-referenced to linked tactical plans, e.g., the Care Home Tactical Plan. The component deliverables of the COVID-19 PH Tactical Plan are: Epidemiology and surveillance; Test and Protect (T&P); Outbreak Management; Community Testing; communications; vaccinations; testing and care home support.

The T&P function will continue to identify contacts of COVID-19 positive cases, in line with national directives. T&P will develop a flexible plan to ensure that the identification of contacts of positive cases contributes to the suppression of COVID-19. T&P have also identified staff who can support the service should there be surges in cases. Community testing has now been established and plans are being developed with the respective Local Authorities that will detail a flexible and responsive plan for community testing over 2021-2022. The future management of the COVID-19 pandemic will be determined by international and national policy, which will be informed by local and national analysis and reporting of surveillance and clinical data. The NHS Lanarkshire COVID-19 PH Tactical Plan will continue to be dynamic and responsive to the future management of the pandemic and new emerging issues over the coming year.

8.3 SUPPORT TO CARE HOMES

Since May 2020, the Director of Public Health has, in conjunction with Nursing and Medical Directors, Chief Officers and Chief Social Work Officers, delivered an enhanced system of assurance in relation to the safety and wellbeing of care home residents and staff in response to COVID-19. A multi-professional service model has been developed to respond to these additional professional and clinical oversight responsibilities in relation to care homes.

The responsibilities specifically delegated to Directors of Public Health (and therefore local HPTs) are as follows and will continue until at least July 2021.

- Co-ordination of testing in the case of an outbreak and ongoing outbreak management within Care Homes, including the establishment of a care home outbreak oversight group.
- Responding to escalations in a timely manner relating to potential outbreaks ensuring HPTs dispatched in a timely way.
- Provision of advice, support and oversight of testing programmes and review of test results.
- Seeking assurance from providers, HSCPs and oversight groups on trends from safety huddle, in relation to compliance with PPE, IPC and safety standards, staffing and actions taken to mitigate concerns raised.
- Maintain oversight of overall position and include in weekly report to Scottish Government.
- Advising on and managing the various stages of care home visiting, including sign off of risk assessments for visiting in care homes. This would be based on community prevalence data, information from safety huddle and local IPC audits.
- In partnership with Chief Officers and Directors of Nursing, ensure oversight groups are in place which include representation from HPTs, Lead Nurse for HSCP, AMD, CSWO, CI Relationship Manager, Contract Manger and relevant service manager/quality leads.

Further details of NHS Lanarkshire's Care Home responsibilities can be found in section 7.

8.4 MITIGATION OF IMPACT OF COVID-19 ON HEALTH AND WELLBEING OF LANARKSHIRE COMMUNITIES

Lanarkshire's health was an improving picture pre-COVID-19. However, whilst improving, the gap in inequalities between the most and least deprived groups had grown. Evidence suggests the societal response to the pandemic will have significant negative ***indirect*** impacts on the wider economic and social determinants of health inequalities. These include the short and longer term impact on incomes & employment, the mental and physical health impacts of social isolation, and the disruption to essential services and education. These impacts are likely to be borne disproportionately by people who already have fewer resources and poorer health. We will review the national and local data and evidence around COVID-19 and vulnerable groups and we will continue to support the most vulnerable populations who experience health inequalities due to their life circumstances, lifestyle, culture, disability and more. We will further explore the impact and scope of COVID-19 on vulnerable populations (including patients, staff and the wider public who fall into these groups). In particular, we will consider those in SIMD 1 and 2, BAME communities and other known high-risk groups for COVID-19. As part of this process we will work proactively across the NHS system, with our HSCPs,

respective Community Planning Partners, the third sector and local communities to capitalise on the strengthened linkages with them that developed during our COVID-19 response.

The six public health priorities (PHPs) for Scotland aim to improve population health and wellbeing and reduce health inequalities. Achievement of the PHPs will require a preventative approach, long term action and collaborative leadership. The NHS Lanarkshire Integrated Population Health Plan (IPHP) was developed in late 2019, with the aim of aligning existing local strategies and plans with the six national PHPs. We plan to finalise an abridged version of the IPHP that will focus on immediate actions that will address the impact of COVID -19 during 2021/22, with particular focus on addressing health inequalities. We regard this as our local Social Mitigation plan. The Marmot paper 'Building Back Fairer' (2020) will inform our discussions with partners regarding priority actions with specific populations.

People at increased risk of health inequalities make proportionately greater use of health services. Thus, a key vehicle for maximising the NHS contribution to reducing health inequalities and mitigating the impact of COVID-19 will be through ensuring delivery of the outcomes set in the Chief Medical Officer (CMO) letter (2018: 3) *Health Promoting Health Service (HPHS).* The CMO letter, outlines the settings-based inequalities focused approach which aims to support the development of a health promoting culture and embed effective health improvement practice within acute and community hospital settings as well as health and social care partnerships.

There is recognition that the psychological impact of COVID-19 is serious, widespread and potentially long lasting. We will commit to prioritising delivery of the Good Mental Health for All work stream of the Lanarkshire Mental Health and Wellbeing strategy with a strong focus on implementing evidence based self-management approaches which make use of local assets through social prescribing and also addressing mental health stigma and discrimination. It should be noted, however, that social prescribing methodologies are contingent on a strong infrastructure of support services from Local Authority and 3rd sector partners.

8.5 A WHOLE SYSTEM APPROACH TO A SUSTAINABLE VACCINATION PROGRAMME

The COVID-19 pandemic resulted in a significant reduction in capacity from the PH Department to support immunisation activity. During 2020/21 the Vaccine Transformation Programme (VTP) activity and COVID-19 immunisation programme was planned and delivered by colleagues in the wider H&SCP. During 2021/22 the Immunisation Co-ordinator role within PH will be re-established with the aim of maximising a joined up, whole system approach to ensure the population of Lanarkshire continue to receive opportunities for timely, safe and sustainable vaccination.

A multi-disciplinary approach will be critical to on-going efforts, with governance central to this. The Area Advisory Group for Immunisation (AAGI) provides an oversight function for delivery of SG immunisation priorities. This will be further strengthened to ensure key roles within the wider organisation are present and reporting is structured. The AAGI will link with other wider system groups including within H&SCPs, the GMS Workstream (PCIP and VTP). Such whole system working will be required to meet the on-going demands of the COVID-19 pandemic, including the likely repeat of the mass vaccination campaign for COVID-19, into the winter of 2021 and beyond.

8.6 RECOVERY OF PUBLIC HEALTH FUNCTIONS TO SUPPORT POPULATION HEALTH

The pandemic led to a significant reduction in the capacity of the PH Department to deliver on the non COVID-19 public health functions. These functions were reviewed in order to propose a mitigation plan for how those areas could be managed, and this harnessed the skills and competencies across the wider PH workforce. Recovery of PH support to screening and immunisation has been prioritised. As the demands of the pandemic reduce during 2021/22, PH staff will gradually transition back to their core roles as per the Recovery and Remobilisation plan.

It is anticipated that overall staff capacity for non COVID -19 PH work will be reduced during 2021/22 and that existing additional resources will need to be maintained.

8.7 DESIGN AND DEVELOP A PUBLIC HEALTH FUNCTION THAT HAS CAPACITY, IS ROBUST AND CAN RESPOND TO FUTURE HEALTH PROTECTION NEEDS IN LANARKSHIRE

We intend to review the PH Department functionality to ensure that it can: meet the emerging health protection needs; address the potential of annual mass vaccination programmes; resume routine PH functions; undertake work to address health inequalities; and improve population health, while continuing to respond to the pandemic. During 2021/22 we would propose to contribute to discussions that could shape a world class Public Health System for Scotland and NHS Lanarkshire. We cannot yet describe or fully cost such a development, but we plan to benchmark against other PH departments in Scotland. The premise of 'Once for Scotland', and analysing the lessons learned over the last year along with consideration of developing a multi-disciplinary workforce, will provide the pillars of our thinking. Our ambition is to deliver an integrated PH strategic system, with responsibilities shared with Acute Services and the HSCPs, that gives priority to addressing health inequalities and improving population health.

8.8 RESOURCES AND FUNDING

To date, funding received has been focused on the immediate staffing and resource requirements to address the pandemic, and much of it is fixed term/non-recurring. It is not possible to quantify the future funding required to combat the pandemic and requirements are under constant review. Additional and recurring funding is necessary to support the Public Health Department to: continue to manage the pandemic; recover and resume some of the other functions of PH; and address the wider impacts on population health due to the virus.

In addition, it is now critical to design, develop and resource our Public Health Department that has capacity, is robust and flexible enough to ensure the protection of the health of the public. In order to effectively respond to the challenges, it is anticipated that the Public Health and Health Improvement functions will require additional staff. During 2021/22, detailed plans and proposals will be developed to address these issues.

8.9 RISKS

These include:

That without additional resources, NHS Lanarkshire is not able to provide a response to ensure a Public Health function that is robust and has capacity to respond to future health protection needs and any future pandemic.

1. The delay in the development and implementation of a number of strategic plans, and thereby coordinated delivery of support to population health issues, could lead to uncoordinated responses to unidentified health needs, delayed or missed early intervention opportunities, late diagnosis and that the use of resources to meet health needs is not prioritised.
2. That the Public Health department is not able to provide an ongoing COVID-19 response as well as restarting key non-COVID-19 public health functions because of the staffing pressures in the department are excessive. This could lead to reputational risk to NHS Lanarkshire around its ability to protect the population and reduce inequalities.
3. The national prevention outcomes funding bundle (Tobacco Control, Adult and Child Weight management, Sexual health and BBV, Maternal and infant Nutrition) has been cut by 5% in previous years. This creates challenges and pressures at a time when the need for preventive approaches is greater than ever if this funding is not protected.
4. That without additional resources, NHS Lanarkshire and the 2 Health & Social Care Partnerships are not able to provide a whole system approach to address the burden of disease in Lanarkshire that has been further compounded by COVID-19.

8.10 MITIGATING ACTIONS

1. In the absence of additional resources to respond to Health protection needs and any future pandemic, NHS Lanarkshire's PH department would again seek the support of other services, staff and agencies to bolster the response.
2. If there is further delay in the PH department resuming work around population health then support and leadership will be sought from other parts of the system such as Health Improvement and the H&SCPs, along with partners in the respective Local Authorities.
3. In the event that the PH department cannot provide a response to COVID -19, and restart other PH functions, then again support and prioritisation from other parts of the system will be required to address and mitigate the impacts.
4. Should the prevention outcomes funding be reduced, then this will be managed by reducing the developments planned, focusing on existing services and limiting the range of programmes.
5. Given the narrative that is emerging on the negative impacts of COVID – 19 on population health, if funding is not available to support a whole system approach then the case will need to be made that, if this area of work is to be prioritised, it may be to the detriment of other areas of identified need. Essentially, the mitigation plan will be to identify the needs and supporting a prioritisation process.

9.0 INFECTION PREVENTION & CONTROL (IPC)

NHS Lanarkshire's Infection Prevention and Control (IPC) Assurance Group will continue to review all systems in place and identify gaps in assurance. Membership of the group is drawn from primary, secondary care and the third sector (with partnership involvement), and is underpinned by the national quality strategy ambitions of person centeredness, safe and effective care. The function of the IPC Assurance Sub Group is to assure the NHS Lanarkshire Incident Management Team (IMT) all measures are being taken to ensure no individual either staff, patient or service user will be avoidably harmed as a result of non-compliance with IPC guidance, policies and procedures or due to any failure to act/intervene/action any deviations from the national infection prevention and control manual (NIPCM) and extant COVID-19 (SARS-CoV-2) guidance.

The risk of ongoing nosocomial transmission of COVID-19 within our healthcare environments, and therefore amongst our patients/service users and staff, remains a priority concern and focus for prevention. NHS Lanarkshire and our partners in care will continue to ensure all steps are being taken to prepare and provide staff with the necessary information, guidance and skills to maintain their own safety and that of individuals in their care. Knowledge of and compliance with national guidance is now well embedded in the Infection Prevention and Control governance structures and reporting.

Moving into the recovery and remobilisation phase, IPC will continue to: support outbreak and incident management response; operationalisation of national guidance and local initiatives: support COVID-19 specific education and training; determine how to deliver essential services safely; and, most importantly, promote a culture of working knowledgeably and safely in a COVID-19 healthcare system. NHS Lanarkshire will remain responsive to new emerging evidence and directives and continue to endorse a transparent approach to national shared learning and data collection, interrogation and analysis. Key drivers for success remain clear; promote staff and patient safety with measurable and sustainable practices and interventions.

9.1 KEY DRIVERS FOR A COVID-19 SAFE WORKPLACE AND WORKFORCE

WHAT SUCCESS LOOKS LIKE?	Aim: • Staff feel safe, supported, well informed and have the skills and the resources to carry out their respective roles • Individuals in our care are safe • Assurance that standards are being met through audit and ongoing monitoring
HOW DO WE GET THERE?	• Consultation • Agreement • Communication • Education and Training • Prevention and management of nosocomial infection • Compliance monitoring and support • Improvement • Cooperation • Co-Production • Shared Learning • Staff Wellbeing

10.0 SUPPORTING OUR STAFF

The pandemic has ensured that staff health & wellbeing has become a priority, witnessing significant partnership working and creation of staff support vehicles. It is intended that this good work will continue where relevant and influence the NHS Lanarkshire Staff Wellbeing Strategy.

A Staff Wellbeing Strategy Group (co-chaired by Director of Nursing & Employee Director) was established in December 2020 to provide direction, prioritisation and oversight of staff health & wellbeing initiatives. This will involve development of organisational tools to determine the status of the organisation relating to staff wellbeing. The group is tasked with strategy development and this will continue throughout 2021-22. The findings and plans developed by this group will be reported to the Staff Governance Committee to ensure progress is as expected. The Staff Governance Committee is chaired by the Employee Director and receives reports from Area Partnership Forum.

Learning from staff surveys and interviews has helped shape and retain services. Particularly the mental health support elements and issues relating to BAME populations.

Some service provision has been revised following data analysis and staff feedback in order to make the support more visible and simpler to access. The services listed below are clearly defined to support the statutory requirements regarding health & work, and are also specific to support the current challenges staff are facing related to pandemic workload.

The supports described below have commitments until August 2021 after which elements will be reviewed and those required retained, assuming NHS Lanarkshire has a greater business as usual footing.

10.1 STATUTORY & CORE SERVICES:

INITIAL PERIOD APRIL – AUGUST 2021

- **Occupational Health & Safety**
  The service will continue to apply the national guidance requirements associated with COVID-19, including specialist Management Referrals, Risk Assessment, Shielding Advice, Face Fit Testing & PPE support, Environmental Audits, DSE assessments (Home Working), Follow up consults with COVID-19 positive staff and generic health related advice.
- **COVID-19 Staff Testing**
  Testing continues in line with Government guidance. This includes all symptomatic staff and the routine testing of asymptomatic Care Home staff and staff working with particularly vulnerable patients (currently Oncology, Care of the Elderly, Long Stay Psychiatry/Learning Disabilities). In addition, the asymptomatic Lateral Flow Device (LFD) testing will continue to be supported from all relevant staff within the guidance.
- **COVID-19 Helpline**

A COVID-19 helpline was originally set up (March 2020) to provide a single gateway support access portal for all staff, including live transfer of calls for more specialised advice. This was highly successful and evolved to provide multiple pathways of support to staff over a significant number of topics (PPE, staff testing, shielding, safe working practice, hygiene etc). The Helpline will be sustained until August 2021 and then reviewed.

- **COVID-19 Vaccination Programme**
  The staff COVID-19 vaccination programme is expected to continue with 2nd dose vaccinations until May 2021. A review of the service will be undertaken in line with future Public Health Scotland advice.
- **Influenza Immunisation Programme**
  Design & Modelling will commence in April 2021, in preparation for the Influenza Immunisation programme for all staff including Social Care staff, in line with Government guidance.

10. 2 MENTAL HEALTH & WELLBEING SUPPORT

The following services are in place and will provide support to staff. The national Wellbeing Hub (promis.scot) and the H&SC Workforce Wellbeing Helpline will be promoted locally and compliment the local services below.

- **Occupational Health Self-Referral**
  Encouragement of self-referral to Occupational Health for support regarding personal anxiety/stress or depressive conditions.
- **Confidential Staff Counselling**
  External counselling service providing services 24/7. Telephone and face-2-face (although modified to Skype due to social distancing).
- **Early Access to Support for You (EASY**) - support to staff absent with a mental health issue. Provides access route to therapeutic services.
- **Mental Health Case Management**
  Dedicated 20-week support programme for staff with complex mental health issues.
- **Staff Physiotherapy** service supporting staff with musculoskeletal problems, including those related to increased CSE requirements from home/remote working.

10.3 STAFF CARE AND WELLBEING SERVICE

This service, developed by the department of Spiritual Care and Wellbeing, will continue to provide bespoke services to meet individual and group/team needs. The tiered model of staff support, developed in conjunction with Occupational Health and Psychological Services, allows for clear signposting and referral pathways when required. All staff involved in delivering this service have been trained in a variety of interventions and models which will benefit staff experiencing stress, anxiety, burnout and trauma. This also attends to the development of a trauma informed workforce.

Alongside access to the resources available in the Acute based Spiritual Care Centres, there are also staff care and rest centres across NHS Lanarkshire where information, support and

snacks/refreshments are available to all staff. These centres are an opportunity for staff to seek support, meet colleagues or just take a break from the pressures of work.

10.3.1 INDIVIDUAL SUPPORT

- **24/7 Staff Care Helpline**
  Provides access for staff to speak to experienced listeners trained in a variety of techniques to support colleagues dealing with difficult situations. Following initial assessment, this support can be provided over the phone or an appropriate face to face meeting (including video) can be arranged.
- **Peer Support**
  Trained peer supporters across NHS Lanarkshire come from a range of disciplines and provide a confidential and non-judgemental service to colleagues. Peer support is managed by Staff Care & Wellbeing and is an early support for staff with access to early intervention and additional support and signposting.
- **1:1 Support**
  Staff also have access to one to one support with a member of the Staff Care & Wellbeing Team either face to face or by telephone.
- **Pastoral Supervision**
  Provides staff and peer supporters with an opportunity for reflection on practice in a 1:1 setting. There is flexibility around sessions which take place on a regular basis for a fixed term or ongoing whichever is required.

10.3.2 GROUP SUPPORT

- **Values Based Reflective Practice (VBRP)**
  Facilitated VBRP provides staff with space to reflect on relationship between their own values, motivations and purposes and their day to day experience of practice. This can be used by staff groups for ongoing support or on a one-off or short-term basis to respond to issues, or service changes. (Training in Essential VBRP Tools and Group Dynamics and Processes is also available).
- **Schwartz Rounds**
  A multi-disciplinary forum where staff can come together regularly to discuss the emotional and social aspects of working in healthcare.
- **Mindfulness**
  Taking time to pause and pay more attention to the present moment, to our own thoughts and feelings, and to the world around us, has been helpful to teams during the pandemic and is a proven approach to improving our mental wellbeing. Mindfulness is available on numerous sites and can be accessed by individuals or groups.
- **Critical Incident Stress Management (CISM)**
  For individuals and teams, CISM is designed to provide support for those who have experienced difficult or traumatic events.
- **Resilience Training**

Our thoughts, feelings and behaviours when faced by a life disruption, or extended periods of pressure, so that we emerge from difficulty stronger, wiser and more able. Many teams and individuals benefit from taking time out to explore new strategies.

10.4 PSYCHOLOGICAL SERVICES

The Scottish Government has provided additional funding for enhanced psychology services to 31st March 2023. Within Psychological Services in Lanarkshire, 1.6wte additional psychologists have been appointed: lead consultant (0.2wte); senior psychologist (0.4wte), and a psychologist (1.0wte). Additional funding has been created via slippage to increase the consultant to 0.3wte and the senior psychologist to 0.5wte.

This additional funding is coordinated through NES, who have tightly specified the service that must be provided, and who will require monthly and quarterly activity reports, with regular performance reviews. Thus, NHS Boards are required to:

- provide psychological therapy and interventions for staff/workforce needing intensive and longer-term support;
- ensure that intensive support is provided by experienced highly skilled clinical/counselling psychologists; and
- gather data on recipients (including job role) to include routine clinical outcome measures as well as satisfaction, absence etc on a monthly basis and report back quarterly to NES with anonymised and aggregated summaries.

In order to meet these requirements, the Psychological Services Staff Support team will continue to work within the boundaries of the existing community collaboration model, in partnership with key stakeholders across North and South HSCPs. The service will have a remit to provide assessment and treatment for staff, as well as consultation, training, and coaching. There will also be an emphasis on preventative work, working alongside colleagues in, for example, in the Public Health Department.

Information on staff uptake of these services can be found in appendix 6, section 9 Staff Support.

11.0 COMMUNICATION & ENGAGEMENT

COVID-19 has had a significant impact on NHS Lanarkshire's Health and Social Care systems. To address the many challenges faced during 2020/21 there have been a range of emergency, urgent or temporary changes to services in order to manage staff and other resources to combat COVID-19 and provide care where it is most needed. This has been achieved through innovation with resultant significant financial impacts and by working smarter within available resources. Such developments have been undertaken while ensuring that quality is maintained.

Work is now underway to evaluate the success of such developments and during 2021/22 we will determine the potential for them to be retained. This work will take cognizance of Scottish Government guidance in relation to planning and delivering service change and the associated NHS Board duties in relation to staff and public engagement and consultation in relation to retaining urgent or temporary changes. Consideration will be given as to how this will be best achieved.

11.1 STAFF COMMUNICATION

A *Staff Support information page* was developed on NHS Lanarkshire's Intranet - "Firstport" during 2020/21, ensuring that all staff had access to up to date information in relation to COVID-19 and NHS Lanarkshire's response to the global pandemic. The site will continue to be developed over 2021/22, providing information on how services continue to respond and develop to the changing environment and ensuring that staff are informed and offered the best opportunity to get involved.

Given the pace of change, it was recognised the importance of communicating service changes to GPs and referrers of services throughout a period of flux, particularly during the period when services were being stood back up gradually (September through to December 2020). Therefore, a monthly *'Referrer's Briefing'* was introduced providing a list of expected changes to services. This approach will be evaluated during 2021/22 and, if appropriate, will be re-introduced over the coming months.

Service changes are a regular feature within the *staff briefing* which is issued to all staff twice a week. (At the peak of the pandemic it was issued on a daily basis). When there is a significant update, this message is weaved into the weekly CE video providing a reassuring message to all staff about the change and what to expect. Staff feedback has demonstrated that this is a successful approach.

Many staff choose to keep up to date with information via *social media* channels. Throughout the pandemic, messages from leaders and frontline senior staff across all departments featured in the *weekly staff video* issued on social channels. For example, this included A&E doctors, Chief Nurses and our mental health specialists.

It was recognised that frontline staff could play an important role with helping to *communicate public health messaging*. NHS Lanarkshire promoted this approach through a series of high-profile broadcast features with ITN, STV and the BBC. This offered many frontline nurses and doctors an opportunity to talk about the pressures they were under and to plea with the public to stick to the rules. This was a significant morale booster for the staff involved.

Workforce wellbeing is a key priority and has been an ongoing focus of our staff communications. Clear signposting to the wellbeing services available has been continually communicated throughout the pandemic.

In recognition of the prioritisation of the vaccine programme, we have worked closely with our occupational health team Salus to communicate clearly to our staff when and where the *staff vaccine clinics* were running and to ensure that staff were informed about the benefits of the vaccine. We continue to communicate the need to comply with the rules once the vaccine has been received.

With continued pressure throughout the pandemic, staff on the frontline have been under pressure from the public. To support staff, a social media campaign encouraging the public '*to be kind*' to our staff was implemented with further stronger communications around zero tolerance to violence and aggression. We will continue to promote this approach during 2021/22.

Recognising the importance of sharing positive news stories, a *new digital platform* is under development and is expected to launch in March 2021. This will be a place for staff to celebrate their good news, feature staff wellbeing stories and include NHS benefits including competitions.

11.2 MANAGING PUBLIC EXPECTATIONS

In responding to surges in COVID-19 positive cases, NHS Lanarkshire has had to withdraw/gradually re-introduce services during 2020/21. This situation is likely to continue for the foreseeable future and patient and staff safety will continue to be pivotal to our decisions.

11.2.1 CREATING INTERESTING, NEWSWORTHY AND INFORMATIVE CONTENT

NHS Lanarkshire's communications department works in partnership with the Scottish Government's communications team communicating messages in relation to the withdrawal/recovery of services. Locally in Lanarkshire, we continue to work with the print and broadcast media to help communicate those changes. This includes powerful patient recovery stories and stores illustrating the success of new technology such as Near Me. This approach has been successful due to our ability to identify and respond to key issues concerning the public, thereby creating content that is both informative and newsworthy.

This flexible and adaptable approach to communications enabled the team to focus on addressing key issues, such as *care home* visiting, and then illustrating this through a series of case studies. For example, by identifying case studies of *younger people* who had COVID-19 this enabled us to communicate to younger audiences about the dangers of COVID-19. This approach will be continued during 2021/22.

Communicating *service changes* in a positive way is challenging. By reassuring our staff, and ensuring that they are well informed, staff are able to alleviate any fears or concerns shown by patients. The website is a *central hub* for listing our service changes and is updated regularly with the latest service changes. We worked with the services to highlight key issues and created video content to support some of the complex services. This included, for example, our physiotherapy services where our Head of Physio provided regular updates about the service changes being made and, importantly, advice about how to self-care.

11.2.2 USING BROADCAST MEDIA TO VISUALLY REFLECT THE REALITY OF THE COVID PANDEMIC

To explain to the public the challenges experienced by NHS Lanarkshire, and to bring to life the realities being faced by frontline staff on a daily basis, we worked with a number of high-profile broadcasters to communicate key messages to a massive audience. This involved an incredible amount of planning to ensure the safety of teams and patients, and to identify newsworthy content. This was successfully implemented with coverage secured nationally across the UK, including BBC News at 10 and ITN News during both the first and second waves. The quality of the stories has been recognised and they have subsequently been covered by other national and local media, helping to further communicate the public health messaging.

We also worked with local broadcasters including BBC Scotland (The Nine, Good Morning Scotland, John Beattie Show) and STV. The stories appearing on ITN, BBC and STV were further promoted across all the communication channels to maximise the reach to key audiences.

By illustrating the real pressures being experienced by our services we were able to reinforce the reality of COVID-19 and deliver a very potent message to the public to encourage them to comply with the Scottish Government's public health messages.

11.2.3 THE ROLL OUT OF THE VACCINATION PROGRAMME

Promoting the roll out of the vaccination programme across NHS Lanarkshire is a top priority. There have been many challenges that have needed to be addressed during the roll out and work continues to explain the phases of the programme roll out through many communication channels. This includes a dedicated section on our website, the introduction of a social media campaign incorporating the Scottish Government's 'Roll up your sleeves' campaign and regular briefings to MSPs/MPs.

11.2.4 ADDITIONAL KEY CAMPAIGNS

Despite the acute services being under severe pressure caring for COVID-19 patients, NHS Lanarkshire's other services have continued to be delivered and we have widely promoted the NHS '*open for business'* message. We successfully weaved this community messaging into some of the national and local broadcast coverage. This is always a challenge given the focus of broadcast media being on acute hospital sites.

We are continuing to communicate how we are managing community services. This is being achieved by communicating the success of community services and other services running in hospitals that are **not** COVID-related. This includes a focus on the Acute Respiratory Illness Centre (ARIC). The ARIC was established in response to the pandemic and examines patients with confirmed/potential positive COVID-19 diagnoses in a safe environment. This enables the service to ensure that GP surgeries and A&E are, as far as possible, COVID-19 free for the safety of staff and patients. A further focus for such stories was the renal department, one of the busiest in Scotland.

The local Winter Campaign was launched in late November 2020 and will continue to the end of March 2021. This focussed on signposting and promoting the community services available to patients with a view to reducing the numbers at A&E. This has featured stories such as mental health and self-care. The new 'Right Care, Right Place' campaign is welcomed and is being rolled out across Lanarkshire.

11.3 PRIORITIES FOR 2021/22

The continued promotion of the COVID-19 vaccination programme will remain a key priority. We will continue to address the communication challenges being faced on a national level, ensuring Lanarkshire residents are kept well informed about the latest developments. Given the significant levels of misinformation and fake news, we will continue to signpost the public to reliable sources through our communication channels.

Behaviour change is always a long-term ambition. This cannot be achieved in isolation, therefore the need for strong community and third sector partners is essential for addressing the challenges we face. A COVID-19 Community Champions team has been created and helps to support with driving an array of communications messages, including guidance on public health messaging and the roll out of the vaccine.

The importance of partnership working is key, particularly with our local authority partners. Several initiatives have been developed and delivered during the pandemic and this is set to continue.
A focus on the long-term effect of COVID-19, and the services required to support patient care, is being developed and work is underway to communicate the physio services that are being employed.

The continued promotion of national public health messaging will be delivered throughout 2021/22. We plan to continue with our flexible and adaptable communications approach in order to continue to support the national Scottish Government messages and look at ways to deliver those messages locally.

12.0 WORKFORCE

12.1 WORKFORCE CONFIGURATION AND LESSONS LEARNED

The configuration of the NHS Lanarkshire workforce has changed to support the response to the global pandemic. For example, colleagues redeploying from elective pathways to support Intensive Care, the establishment of a Test and Protect service and a sustainable vaccination programme. NHS Lanarkshire has embraced new ways of working and is taking every opportunity to build upon the learnings from COVID-19 in workforce planning and wider service planning through 2021/22.

12.2 ESTABLISHING A SUSTAINABLE LONG-TERM VACCINATION PROGRAMME

NHS Lanarkshire has a successful track record in rapidly responding to establish new services and teams to support the response to COVID-19. Most recently, in late 2020, NHSL established a sizeable Test and Protect service of over 150 staff to deliver this important public health initiative to the people of Lanarkshire.

In late 2020, preparations commenced to establish a large-scale vaccination programme and, as at mid-February 2021, this programme has around 300 staff employed on a fixed-term basis to support delivery of the COVID-19 vaccination programme. With plans in place to increase this further. In 2021/22 we will continue to build upon this success to ensure full delivery of the COVID-19 vaccination to Lanarkshire residents. This vaccination programme has been planned to continue into the Winter to ensure seamless delivery of the 2021/22 seasonal flu vaccine programme.

12.3 TEST AND PROTECT

NHS Lanarkshire has established a robust Test and Protect service (including over 100 contact tracers) to ensure timeous contact tracing following positive tests for COVID-19. In 2021/22 this service will continue to be a critical part of our response to COVID-19. Opportunities are also being explored to support the wider vaccination programme – should the prevalence of COVID-19 reduce to a level where Test and Protect resources can be utilised in other ways to support the wider COVID-19 programme.

12.4 HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019

NHS Lanarkshire has established a team to support preparations for the enactment of the Act and will set out plans for ensuring successful implementation and delivery of the Act within the NHS Board's workforce plan 2021/22 submission. NHS Lanarkshire has continued, where appropriate, to make use of validated Nursing and Midwifery workload and workforce planning tools to support decision making in its response to COVID-19. For example, with the commissioning of new beds/wards.

12.5 INNOVATION & UTILISING DIGITAL TECHNOLOGY

Within NHS Lanarkshire, similar to other employers, it has been necessary to adapt ways of working in light of restrictions posed by the pandemic. For example, the rapid roll out of Microsoft Teams to support remote working has resulted in other benefits for productivity through reduced inter-site

travel, not to mention the associated environmental and financial gains. In 2021/22 NHS Lanarkshire will build upon this, whilst recognising the importance of having social contact for staff to promote good team working across both clinical and non-clinical teams.

This remote working model will continue as an area of opportunity for NHS Lanarkshire in 2021/22 to improve access for patients and improve clinic efficiency.

Further roll out of mobile technology, in particular iPads, has supported clinicians working within the community and enabled the rapid establishment of the COVID-19 Vaccination Programme. In 2021/22 NHS Lanarkshire will explore further opportunities, where practicable, to support our clinical teams with agile working practices.

12.6 WORKFORCE DATA ANALYTICS

NHS Lanarkshire has rapidly developed an emerging set of data to monitor the workforce response to COVID-19. In particular, focussing on areas of COVID-related absence, the impact of reduced uptake of annual leave and modelling possible scenarios to support workforce planning activity. In 2021/22 we will build further upon this, in particular understanding the impact a reduced uptake in annual leave has had upon the workforce, the associated scale of carry-forward days in 2021/2022 and planning to ensure colleagues can have their hard-earned time off whilst ensuring sustainable service delivery.

Further, in 2021/22 NHS Lanarkshire will continue to invest in its workforce data analytics to build upon the dashboards developed to-date to support workforce planning and decision making across the NHS Board and provide assurance on training compliance.

12.7 RECRUITMENT AND RETENTION

NHS Lanarkshire has experienced some success in recruiting rapidly to respond to COVID-19. For example, the establishment of the Test and Protect service and the COVID-19 Vaccination Programme. Some areas remain hard to fill however, 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.

12.8 MUTUAL AID

NHS Lanarkshire has worked closely with neighbouring Boards as part of the region's response to COVID-19, in addition, providing mutual aid to the national Test and Protect service where possible. NHS Lanarkshire has worked closely with North and South Lanarkshire Councils as part of the COVID-19 Vaccination Programme to utilise their premises and staff to support local delivery of the vaccination clinics for Lanarkshire residents In 2021/22 we will continue to work with our partner organisations and neighbouring NHS Boards to maximise capacity. For example, continued use of NHS Louisa Jordan to build outpatient capacity whilst the facility remains available into 2021/22.

12.9 BOARD WORKFORCE PLAN

In keeping with guidance, NHS Lanarkshire will submit an interim Workforce Plan by 30 April 2021.

12.10 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 FINANCIAL IMPACT

A first draft of the standard financial templates has been submitted to SGHSCD and, between now and the end of March, we hope to work locally and with the Department to ensure assumptions are consistent. A first cut estimate of costs associated with the COVID-19 response has been submitted for health and social care and full funding assumed. The NHS services have not included any estimate of potential remobilisation costs, other than spending the anticipated waiting times allocation at the same level as pre COVID-19. This will be insufficient to catch up on lost activity. Many other services have submitted recovery bids but these have not been included in the return until there is greater clarity on what might be funded. The HSCPs COVID-19 cost submissions are an aggregate of the Health and Council forecasts. The Council forecasts do build in remobilisation costs, so even within Lanarkshire further work is needed to understand national expectations.

Where a new service model has been put in place to deal with the COVID-19 pandemic, such as the mental health assessment centres, respiratory centres or flow centres, it has been assumed for now these will continue. As greater clarity on national assumptions emerges the costs can be modified. The COVID-19 Vaccination costs only cover the first population round – not a further booster programme in the latter part of the year.

Although NHS Lanarkshire did not claim any Scottish Government funding to cover undelivered savings plans in 2020/21, concentrating all resources on the COVID-19 response has meant it has been unable to identify and implement recurring savings since March 2020. Against the backdrop of a continued COVID-19 impact, the two greatest risks in the financial plan are the inability to deliver sufficient savings to recurringly balance and the level of resources available for remobilisation.

14.0 CORPORATE GOVERNANCE

In line with other NHS Boards, NHS Lanarkshire faced unprecedented challenges in managing the response to the COVID-19 pandemic. While it was recognised that this was a fast-moving situation and was subject to continual change, it was also widely accepted that effective management of the situation would require some changes to the existing corporate governance system. There were risks in continuing with existing governance arrangements, mainly:

- existing arrangements around the cycle of Board/Governance Committee meetings would not allow the Board to have full oversight and assurance of the response to COVID 19 on a regular basis; and
- that the Senior Leadership Team will be unnecessarily diverted from directing their efforts and resources in the immediate response to the Coronavirus pandemic if they continue to service existing Governance arrangements and the full range of Governance Committees

These risks could be mitigated with a revision to existing Corporate Governance arrangements and it was proposed that a further assessment of risks should be undertaken by the Audit Committee.

In recognition of the Public Health emergency, approval to revise governance arrangements across NHS Boards had been given by the Scottish Government Director of Health Finance, Corporate Governance and Value in a letter to Board Chairs dated 26 March 2020. The key changes that were made at that time are set out below. These were reviewed at the June 2020 Board meeting, and again at each subsequent Board meeting.

BOARD MEETINGS

- The bi-monthly Planning, Performance & Resources Committee (PPRC) meetings have been stood down and replaced by a Board meeting. A monthly Board meeting will now be held as per the cycle of scheduled dates for Board/PPRC meetings.
- Board Meetings were not held in public initially but since December 2020 these have been livestreamed, to enable the pubic to view in real time the proceedings. Microsoft Teams has been used extensively for Board and other meetings.
- The web site has been updated to reflect that Board meetings will be held on a monthly basis but the meeting will not be held in a central location, nor will it be held in public. A link is provided to the livestream. The agenda and papers (with the exception of those deemed confidential) are available on the Board's web site to ensure continued transparency in decision making.
- In order to support the work of the Executive Team, the Board Chair, Chief Executive and Board Secretary have reviewed the Board work plan and each agenda to ensure that business conducted at Board meetings is appropriate and focused on decisions required, or items that provide assurance to the Board. This includes updates on the key issues and risks associated with the work being led on Recovery and Reconfiguration
- The Board accept Board papers in SBAR formats as appropriate. However, the papers must provide a clear statement of the risks associated with any proposals / decisions, any actions required of the Board, or assurance being provided.
- To support the expediency and effectiveness of holding Board meetings remotely, the Board Chair invites comments and questions on Board agenda items as appropriate, in advance of the Board meeting, with specific reference to those agenda items which are not for discussion.
- During this period the Board Chair can call any additional remotely meetings of the Board.

- Proposals for endorsement or approval may be circulated out-with the scheduled Board meetings and signed off by Board Members by electronic means. Any such proposals must be reported to the next scheduled NHS Board meeting as an audit trail.
- The programme of Board Development activities, walk rounds and face to face visits/meetings continues to be suspended during this time.

Options were discussed with the Board and the option agreed was:

- Continue virtually with the Audit Committee, Staff Governance Committee, and the Healthcare Quality Assurance and Improvement Committee, as and when required, to provide scrutiny, assurance and oversight of key aspects of the COVID 19 Mobilisation Plan and resilience response such as:
    - the organisation's response in relation to the management of risks and overview of governance;
    - the oversight of recovery plans;
    - staffing matters, including the continuation of oversight of staff health and wellbeing; and
    - clinical governance and patient safety issues.
- It will be for these Committees to prioritise their agendas and workplans focusing on the response to COVID-19 and they should only meet as and when required, with limited agendas.
- The Chairs of the Acute Governance and Population Health Committees would have the option of joining any of these Committee meetings, as appropriate.

The Board have been discussing bringing back the two Standing Committees that were stood down. This would enable these Committees to play a full part in the recovery phase, as many of the services being recovered require careful and detailed planning across the Acute Division, with Primary care colleagues and other services managed by the Health & Social Care Partnerships. However, the plan agreed in August to do so only saw both Committees meeting in September and further meetings were reverted to being stood down as the third wave of the pandemic emerged.

It is important to emphasise that other communication channels were established with Board Members to ensure that they were kept apprised of key issues and decisions made by Gold Command. A number of additional measures have been put in place:

- Every Friday there is an email round-up for Board Members including key Gold Command issues, key Scottish Government guidance; data and trends and any other issues pertinent for Board members to be sighted on;
- all Board Members receive the daily staff briefing on COVID-19;
- The Board Chair, with the Board Secretary, hold a Non -Executive Board Member Briefing in between Board meetings to maintain contact, raise any issues and have briefings on any specific areas which will come to the Board for formal approval in due course. The Board Chief Executive and other Executive Board Members or Corporate Management Team members join the briefing as required.

AUDIT COMMITTEE MEETING 20TH MAY 2020

At the special Audit Committee meeting held on 20 May 2020 both the Internal and External Auditors were invited to comment on the revised governance arrangements. They stated that they had no concerns to raise about the revised governance arrangements, and were highly complementary about the way in which the Board responded to the challenge of revising governance arrangements at pace, while maintaining transparent assurance processes. One of the External Auditor's added that the Board ***"had put good arrangements in place, building on the strong foundation already in place***".

The Board is acutely aware of the need to maintain governance and to balance this against the need to ensure that Directors and Senior Managers are able to respond to the pandemic. This is kept under regular review and it is discussed at each Board meeting to ensure that the correct balance is being achieved.

15.0 INFORMATION & DIGITAL TECHNOLOGY

The information and digital plan has been developed to support the remobilisation of health and care services within NHS Lanarkshire. The plan re-prioritises the information and digital workplan to provide a focused response to service recovery and re-design. Significant progress has been achieved through the rapid deployment and adoption of digital services through the COVID-19 response phase, providing a genuine opportunity to continue the accelerated adoption of digital services to support effective delivery of health and care services.

15.1 MICROSOFT 365

The Office365 programme will be supported by a dedicated team who will leverage the new technology platform to provide users with digital training and support solutions to aid the adoption of new ways of working. A local "Champions Network" will provide expertise within departments creating a support network with the knowledge to promote and grow use of the new platform in a service specific way.

During 2021/22 NHS Lanarkshire will continue to adopt core products from the Microsoft 365 suite. This will include:

- completing the migration of all "on-premise" email accounts onto office 365;
- moving files storage to MS OneDrive; and
- adoption of "Power Apps" to provide specific Digital solutions based on prioritised clinical requirements.

15.2 DIGITAL INFRASTRUCTURE

NHS Lanarkshire benefits from a modern IT infrastructure. A further modernisation will be delivered during 2021 to support re-mobilisation including:

- extending WiFi access across community sites;
- extending patient access to WiFi via Digital Visiting Solution or bring your own device (BYOD);
- new Digital Telephony Infrastructure bringing modern, collaborative features supporting new ways of working and enabling workforce mobility;
- replacement of core firewalls to increase performance and availability;
- replacement and redesign of the core network infrastructure to increase resilience and support expansion of WiFi and Digital Telephony;
- development of new remote access technology for General Practice to support the move to remote working and modernising "in Practice" infrastructure with WiFi for staff and patients; and
- delivery of new software tools to facilitate a fully featured support service to a newly mobilised workforce, reducing the number of visits for fault resolution and providing a consistency of experience for the user.

15.3 REMOTE WORKING/FLEXIBILITY

There are now circa 5000 of staff who have the ability to work from home, with around 2500 connecting on a daily basis. Homeworkers can now access key systems and services remotely which has been fundamental to the ability to provide flexibility to the workforce and transforming the previous, fixed-base model of working to a truly mobile offering.

Further investment in mobile technology, both at the core (broader, more secure and user friendly access to systems), and at the end user device (investment in moving from fixed desktop clients to laptop and tablet devices able to connect securely via either WiFi or 4G connectivity) will be delivered in 2021/22. This, coupled with the wider adoption of Office 365, will allow staff to work from any location securely and collaboratively with the same user experience as on premise.

15.4 TEST & PROTECT

We will continue to provide analytical support to the public health department focusing on surveillance and modelling in relation to COVID-19.

15.5 VACCINATION PROGRAMME

The national Service Now (SNOW) scheduling system is now live and in use in Lanarkshire to schedule appointments for the JCVI cohorts of people for mass vaccination. Cohort files in line with JCVI prioritisation are sent to our Business Intelligence team for validation. NHS Lanarkshire has worked closely with NSS to implement the SNOW system and we currently have view only access to the system.

NSS will hand over a range of functions to individual NHS Boards to enable rebooking, cancellations and other functions to be carried out as the mass vaccination programme progresses.

A local call centre has been established to deal with calls and enquiries passed to Lanarkshire from the national contact centre for vaccination bookings. Local issues such as transport requests, requests for home visits and clinical enquiries are passed to Lanarkshire to be dealt with.

The information and digital teams will continue to support the Vaccination Programme including:

- lead on scheduling of patients for COVID-19 vaccination adhering to guidance set out by JCVI;
- provide a local hub to detail with calls past from National Helpline regarding patient enquiries;
- model vaccine supply against demand and capacity taking into account JCVI priorities and SG targets;
- provide analysis of vaccination uptake and local development of a dashboard to inform key stakeholders;
- provide training and support on the national system, to staff supporting the vaccination programme including staff from the army, Local Authorities and external contractors;
- ensure infrastructure in place within super centres and local centres to enable real time data capture and clinic management;
- provide out of hours support to COVID-19 vaccination programme; and
- integration of Clinical Portal, Cambric MORSE and GP systems with the National Clinical Platform to ensure that staff across Acute, Community and Primary Care settings respectively have access to a patients COVID vaccination status at the point of care.

15.6 ELECTIVE RECOVERY

- Support access and planning team to provide demand and capacity analysis
- Manage cancellation process via Referral Management Service (RMS)
- Provide analytical support to enable performance Management
- Provide OP Reception staff to support ongoing use of NHS Louisa Jordan

15.7 REDESIGN UNSCHEDULED CARE

- Support the implementation of virtual pathways within Emergency Department (ED)
- Configure IT systems to reflect changing management of patients

15.8 REAL TIME INFORMATION / DASHBOARDS

- Continue to amend existing dashboards and develop new to meet the needs of the organisation
- Continue to develop COVID-19 Vaccination Dashboard developed to support uptake monitoring will be updated as further information becomes available
- Amend ED dashboard to reflect further changes as part of Redesign of Unscheduled Care
- Amend Bed State dashboards as site layouts change to manages the flow of patients within COVID-19 and non-COVID-19 areas.

15.9 DIGITAL PROGRAMME

The eHealth Digital Programme will be adapted to deliver target benefits to support the remobilisation of health and care services; this will include:

- **Electronic Prescribing and Medicine Administration (HEPMA)** The rollout of HEPMA was paused (70% complete) within an Acute Setting during 2020/21, the projected moved deployment to some of our Community Hospitals during this time. The HEPMA programme will now be fully delivered by Autumn 2021.
- **Community IT Programme -** The rollout of Morse (replacement for MIDIS) was paused for a short period during 2020/21. The programme has restarted and will be delivered by Autumn 2021. Morse is a mobile clinical system that allows community staff to have access to patient records at the point of care (including home) and update the record/s on the move. This programme is being accelerated to accommodate new ways of working as a result of covid-19.
- **Order Communications -** Following the successful implementation of a new Laboratory Information Management System in 2019/20, the rollout of LIMS Order Communication across primary and secondary care was put on-hold. The programme has been re-started and will be delivered during 2021/2023.
- **Electronic Observations and Clinical Assessments -** Electronic observations and clinical assessments is being deployed across Lanarkshire with the initial focus at University Hospital Monklands. During 2021/22 the programme will be extended across the other Acute sites, and then across our community hospitals.
- **Information Governance and Cyber Security -** The rapid deployment of digital services and extended data sharing arrangement has required a streamlined approach to ensure critical

timescales for service delivery can be achieved safely and effectively. Further work will be undertaken during 2021/22 to review new agreements/protocols in line with the Information Security Management System (ISMS).

16.0 INNOVATION OPPORTUNITIES

CONTEXT

To achieve successful mobilisation during 2020/21, whole system changes were introduced rapidly across Lanarkshire's Health and Care System. This platform for change challenged Health and Social Care organisations to think and act as a system in ways we have not done before. This included: remote primary care/outpatients; remote diagnostics; new approaches to triage; workforce models; use of volunteers; remote working; pace and urgency to decision making and, financial models. A systematic review is now being undertaken to: catalogue the innovations made; evaluate the success of these innovations through a lessons learned process; determine those innovations to be retained and plan for widespread adoption where appropriate. Such development must meet key financial principles and parameters.

16.1 USING QUALITY IMPROVEMENT METHODOLOGY TO DESIGN NEW WAYS OF WORKING

NHS Lanarkshire is implementing a consistent approach to the application of quality improvement methodology and the use of a learning framework to capture, share and act on the lessons learned.

NHS Lanarkshire and both HSCPs have developed a culture of learning and improvement over recent years. The NHS Lanarkshire Quality Strategy sets out its ambitions for improvement and innovation to use a consistent approach to improvement throughout the organisation that reflect all stages of the improvement journey and that apply to continuous daily improvement as well as large-scale transformational change.

The Quality Directorate Improvement Team has linked Improvement Advisors to each of its Operational Units; University Hospital Wishaw, University Hospital Hairmyres, University Hospital Monklands and North & South HSCPs to provide expertise and guidance in the use of quality improvement methods. They will support clinical and managerial staff to take forward any recovery and/or redesign plans using the improvement journey approach, enabling learning to be captured at individual, organisation and system level. The Improvement Advisors and Improvement Coordinators will be able to capture learning in each operational unit using the agreed Collaborate CIC Learning Framework and facilitate the sharing of good practice and tests of change that work across all units.

16.2 TECHNOLOGY ENABLED CARE AND INNOVATION

NHS Lanarkshire has been a consistent and major partner within the SG Technology Enabled Care (TEC) Programme in recent years. The TEC service is hosted by South Lanarkshire H&SC and has responsibility for delivering implementation, training and support across the organisation and partners. Governance for the Programme is supported by the TEC board, with membership across the partnerships. This experienced resource provided a stable platform facilitating the development of a robust response not only to the pandemic crisis but to the development of a sustainable digital solutions for the future.

The Programme is underpinned by the improvement methodology indicated above, with continuous evaluation embedded using logic model and contribution analysis. During 2021/22 the service will continue to actively contribute digital innovation approaches to the learning and development programmes and NHS Lanarkshire's strategic delivery plans, including for example the NHS Lanarkshire Rehabilitation Strategy.

To help address NHS Lanarkshire's strategic priorities for **Equality and Diversity**, the TEC service facilitates wider access to services by previously disadvantaged patient cohorts, and by linking with the SG Connecting Scotland programme. Key areas of development will support people to develop digital skills and access digital devices and data packages.

An Equality and Diversity Impact Assessment is carried out with all services using both the remote monitoring and video consultation platforms. The significant use by interpreting services of Near Me is one example where this has proved beneficial.

During 2021/22, the TEC Service will continue to develop and deliver innovative digital approaches to support the delivery of services to Lanarkshire residents. In recognition of the success achieved to date substantive funding has been secured for the current **members of the TEC Team,** which has been developed to include Improvement project management and an appropriate skill mix.

The following are examples of successful innovative projects introduced in Lanarkshire by the TEC Service which will be further developed during 2021/22.

16.2.1 NEAR ME

Use of **Near Me** (Attend Anywhere) is the organisational approved platform for all video consultations with patients/clients. During 2021/22 we will:

- develop further inclusion of local authority, 3rd sector and independent partners contributing to the existing integrated model of care;
- further develop the planned date of discharge and Digital discharge programmes;
- develop a reception model for acute clinics use of Near Me;
- continue to use improvement methodology with all current services using Near Me across the organisation and partners including Care Homes, HMP Shotts and other associated care facilities; and
- engage and support other services in the redesign of care pathways to include a video consulting option.

16.2.2 REMOTE HEALTH MONITORING

Remote Health Monitoring in NHS Lanarkshire is expected to transition to use the SG procured national platform within 2021/22. This will provide improved access and functionality to both clinicians and their patients. In January '21 the NHSL Acute Respiratory Illness Centre (ARIC) commenced a test of change using an emergency SG procured solution (Inhealthcare) and a nationally developed pathway for the monitoring of patients with COVID-19 symptoms. During 2021/22 NHS Lanarkshire will:

- transition the current Florence SMS solution (predominantly used for hypertension monitoring in Primary Care) to the new SG platform;
- continue to contribute to the development of additional national pathways for the new SG solution, including Long COVID-19 and other long-term conditions and specialist services;
- continue to use improvement methodology to demonstrate return of investment and sustainability; and
- develop remote monitoring services within the care home sector using newly available solutions.

16.2.3 DIGITAL OPPORTUNITIES

Emerging Digital opportunities are expected to provide a catalyst for transforming services across the organisation in the following years. These include:

- analogue to digital: provision of health and care integrated solutions;
- national procurement of asynchronous solutions for digital dermatology, GP triage and the clinical use of V Create; and
- national development of a group consultation solution to replace the current CMS solution which has shown significant barriers to ease of use by clinicians and public.

16.2.4 INNOVATION ADOPTION HUB' (IA-HUB)

NHS Lanarkshire has joined with University of Strathclyde and two national partners – Centre for Sustainable Delivery and Health Improvement Scotland – to apply to the Health Foundation for funding to establish an 'Innovation Adoption Hub' (IA-Hub) as a new pillar of NHS Lanarkshire's Quality Directorate, complementing its existing expertise and supporting the Board's strategic drive to enable world leading healthcare.

If our application is successful, we will leverage this opportunity to help cultivate and strengthen our existing culture of innovation and quality improvement. We will utilise this as the key enabler for successful adaption of pre-existing innovations to address known priority healthcare issues.

We will implement a comprehensive, evidence-based supportive approach to identifying, adapting and applying existing tried-and-tested innovations, using proven methodologies, to address local issues with a focus on long-term conditions, reducing inequalities and improving wellbeing.

If the project is funded, the IA-Hub Board (comprising representatives of the project partner organisations) will be established to provide strategic direction to the IA-Hub and oversee three phases. This is currently envisaged as follows:

1: Setup (6 months) - project-funded roles will agreed /advertised/filled (Manager, Project Officer (NHSL) / Evaluation Officer (UoS)) and operational processes agreed

2: Implementation – (6 months – 24 months) - three initial exemplar AI-Projects will be supported through the previously-described IA-Hub systematic process. The projects will apply pre-existing innovation – using proven rigorous improvement science techniques - to address known health issues. The three projects will all focus on long-term and chronic conditions, adopting proven innovations in our local context to impact on healthcare access inequality and improve wellbeing.

3: Spread of learning and sustainability – (24 months onwards) – learning from projects, and from the IA-Hub, will be shared with other services to support their adaption and adoption of innovation to their own circumstances.

16.2.5 NURSING, MIDWIFERY AND ALLIED HEALTH PROFESSIONS (NMAHP) DIGITAL PROGRAMME

NHS Lanarkshire's Information and Digital Technology Directorate has agreed to create a number of clinical sessions for medical staff to participate in the digital programme. Furthermore, a Nursing, Midwifery and Allied Health Professions (NMAHP) digital lead post will also be established.

The NMAHP post will advise the Information and Digital Technology Directorate as part of the Board's digital technology delivery plan, providing clinical subject matter expertise across a range of projects and programmes. The postholder will be supported to spend time in clinical practice to maintain their professional registration.

It is anticipated that this innovative and specialist post will include the management and running of change workshops, analysing in-patient, and outpatient work practices, thereby bringing about technological changes to achieve increased efficiency and enhance clinical quality and effectiveness.

A recruitment pack for the post is being devised, and the post will be advertised shortly.

17.0 RISK ASSESSMENT

As the COVID-19 pandemic continues with rapidly changing priorities, NHS Lanarkshire has recorded and quantified emerging risks timeously and maintained continuous review of all corporate risks and COVID-19 risks through the Corporate Management Team and Strategic Command, respectively.

The current significant risks for NHS Lanarkshire focus on maintaining an adequate workforce, adequate beds and a safe environment with the infrastructure and supplies to enable a dynamic response to the competing priorities, whilst minimising adverse impact on patients, staff and the public. Significant risks, with the mitigation, are overseen through the existing governance arrangements, including the Board of NHS Lanarkshire.

17.1 EU WITHDRAWAL

The United Kingdom completed its separation from the European Union on the 31st December 2020. A trade deal was agreed and ratified through Parliament mitigating the risks associated with a no deal outcome.

NHS Lanarkshire continues to monitor for the effects of the new relationship with European partners for any change or emerging issues. The initial period of monitoring was managed through maintaining the Command and Control structure with a transition to normal business processes. This transition was completed with the Command & Control arrangements formally closed on 3rd February 2021.

NHS Lanarkshire's preparedness was based on the UK Government reasonable worst-case scenarios published in October 2020. The level of preparedness was assessed through a process of analysis with each Tactical Command Group against all identified risks to build a common recognised information picture for Strategic Command. All risks identified through this process will continue to be managed as appropriate. Legacy risks that persist following the closure of the Command and Control structure shall be reflected in the corporate and/or operational risk registers and managed as business as usual within existing governance arrangements.

18.0 PATIENT EXPERIENCES/PERSON CENTRED APPROACHES TO CARE

18.1 PATIENT EXPERIENCE

NHS Lanarkshire has developed a range of mechanisms and tools to support and enable staff to engage service users about their experiences of care. The NHS Board is committed to develop these processes further during 2021/22 and continue to utilise them for reflection, learning and action. We listen, learn and act on patient, family and carer experience through our Feedback, Comments, Concerns and Complaints systems and our Public Engagement Groups.

NHS Lanarkshire captures information on patient experience using both solicited and unsolicited feedback.

Solicited feedback has usually been captured using trained volunteers on site in our hospitals. An annual visit programme for adult acute physical health wards has been developed. Ward visits were however suspended during the pandemic but will be reinstated when it is safe to do so. As an alternative approach Patient Surveys were developed as a tool for capturing feedback during 2020, with surveys developed in areas of elective surgery in acute hospitals and treatment rooms within GP Practices. We plan to continue to use patient surveys during 2021/22.

Unsolicited feedback is captured using Care Opinion. NHS Lanarkshire has a strong track record of encouraging and responding to patient stories using Care Opinion. In the 2019/20 Scotland Annual Report, 4,267 people shared their stories of health and care services on Care Opinion. Of these 930 were Lanarkshire stories, which was a 34% increase on the previous year. Of these stories, 64% reported positive experiences with the remaining 36% giving critical feedback of the service they received. For both types of stories, 100% received a reply to their story. The stories in 2019/20 have already been read 135,275 times. Of the 34% of the stories which highlighted critical feedback, 7% resulted in 25 changes being made to the service in view of the care opinion story. This is an increase on previous years, and we continue to encourage Care Opinion feedback to be used as a way of informing service change.

Monthly Care Opinion Reports of feedback activity, volume and themes is provided to Operational Sites and also to the Corporate Management Team. We will continue to use Care Opinion during 2021/22 as a mechanism for unsolicited feedback to learn about how people experience our services.

We engage public partners to discuss areas of interest and develop / deliver work based on their feedback through quarterly meetings of the Public Reference Forum (PRF) and Public Partnership Forums (PPF). During the pandemic these face to face meetings were suspended in Spring/Summer, however, we have explored and successfully used web-based systems to engage with PPF members in online meetings for the rest of 2020. The role of the Public Reference Forum will be considered in 2021/22 in line with our Person-Centred Care agenda and Communication & Engagement Strategy.

18.2 PERSON-CENTRED APPROACHES TO CARE

As part of the NHS Lanarkshire Quality Strategy we have a Person-Centred Care Plan and annual Implementation Plan. This plan is overseen by the Person-Centred Strategic Group (chaired by Executive Director of NMAHPs) and reports to the Board via the Healthcare Quality Assurance and Improvement Committee. As part of the shared decision-making section of the Plan, new arrangements have been developed in relation to Anticipatory Care Plans (ACP) in community settings and Treatment Escalation

Plans for emergency admissions to acute hospitals. During 2020/21 our use of eKIS increased from 20,000 in Feb 2020 to 174,000 by Sept 2020.

We have designed and implemented a process for all community staff groups to implement the shortened COVID-19 ACP developed by Healthcare Improvement Scotland. **We will build on this during 2021/2022.**

During 2020/21, A Coping with Crisis Booklet written by Prof. Robin Taylor was provided to all Acute & Community Hospitals, Hospital at Home Team, Community Nursing Teams, GP Practices and Care Homes to support anticipatory care planning conversations between healthcare professionals and the public. Feedback on the use of these booklets was positive and we will continue to provide these as a source of information for people to begin to have conversations about planning ahead and making sure their wishes are known and adhered to.

NHS Lanarkshire acute hospitals use a Treatment Escalation Plan (TEP) as part of the shared decision-making approach to care and treatment. A new version of the Treatment Escalation Plan was developed for use with all patients admitted to hospital as an emergency during the pandemic. This new version was tested and feedback from clinicians informed an updated version which will continue to be used for all emergency admissions to hospital.

We are linking with NHS Inform on the digital platform project and have provide an update on our local TEP programme development over the last few years, and how it complements ReSPECT.

We understand NHS Inform will be progressing the adoption of the NHSL TEP on to the digital platform. It will sit alongside the ReSPECT form which we think would be beneficial in the community; **and plan to explore this in 2021/22**. The two tools will be able to cross-talk between each other with information that is common to both once they are on the platform.

18.3 PATIENT INFORMATION

As part of our person-centred care approach we ensure information is available to the public in accessible formats to support shared decision making and meet the rights of patients to have communication available to them about their conditions and our services. We have an annual subscription to EIDO Healthcare Download Centre to access consumer tested, Royal College endorsed procedure and condition information to aid informed consent. We have developed a survey programme to seek feedback from patients on content of procedural information issued.

During the pandemic additional Patient Information Leaflets have been developed for a range of topics including:

- Physiotherapy following COVID-19
- Occupational Therapy following COVID-19
- Speech & Language following COVID-19
- Attend Anywhere - Orthopaedic Paediatric appointment letter
- Virtual visiting – guide for patients
- Surgical consent

During 2021/22 we will continue to develop our database of leaflets to meet the needs of service users.

18.4 PERSON CENTRED VISITING

NHS Lanarkshire recognises the therapeutic importance of enabling patients to have access to their loved ones while in hospital; and therefore, fully supports a person centred approach to visiting.

Face to face visiting has been restricted at various times during the pandemic either to essential visitors and/or one designated visitor per patient only in line with national guidance and the pandemic tier levels in Lanarkshire. However, ward staff have worked closely with families to find the most appropriate approach to meet the needs of their patients at this time. NHS Lanarkshire has provided iPad tablets to every ward to enable patients and loved ones to carry out 'remote visits' and staff have proactively phoned relatives to ensure that they are regularly updated on their loved one's care in a timely manner.

During 2021/22 we will continue to explore innovative communication solutions to ensure relatives remain in contact with patients to avoid patients feeling isolated. This will also be utilised by healthcare staff to update relatives on patient's care, as appropriate.

19.0 APPENDICES

APPENDIX 1 – PRIMARY CARE IMPROVEMENT PLAN JANUARY 2021 UPDATE

Appendix 1 PCIP Update January 202

APPENDIX 2 – COVID PRIMARY CARE IMPROVEMENT PLAN 3 AUGUST 2020

Appendix 2 Covid PCIP 3 August 2020

APPENDIX 3 – PRIMARY CARE IMPROVEMENT PLAN - PROJECT PLAN

Appendix 3 PCIP Project Plan v0.7.xlsx

APPENDIX 4 - SOUTH LANARKSHIRE HSCP REMOBILISATION PLAN – DRAFT FEB . 2021

Appendix 4 SLHSCP Remobilisation Plan

APPENDIX 5 – NORTH LANARKSHIRE HSCP REMOBILISATION PLAN – DRAFT

Appendix 5 North Lanarkshire Mobilisa

APPENDIX 6 – MENTAL HEALTH & LEARNING DISABILITIES SERVICES – DEVELOPMENTS 2020/21 & BEYOND

Appendix 6 Mental Health + Learning D

APPENDIX 7 - REDESIGN OF URGENT CARE – CONCEPTUAL MODEL

Appendix 7 RUC - Conceptual Model.c

APPENDIX 8 - REDESIGN OF URGENT CARE – FLOW NAVIGATION CENTRE

Appendix 8 RUC - Flow Navigation Cer

APPENDIX 9 – SG TEMPLATES

TEMPLATE 1 - PROJECTIONS & HISTORICAL ACTIVITY

TEMPLATE 2 – MONTHLY ACTIVITY V PLANNED ACTIVITY

TEMPLATE 3 – CLINICAL PRIORITISATION

Appendix 9 Template 1 Projectio

Appendix 9 Template 2 - Monthl

Appendix 9 Template 3 Clinical F

NHSScotland Chief Operating Officer

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T: 0131-244 2480
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To:
Heather Knox
Chief Executive
NHS Lanarkshire
By email

2 April 2021

Dear Heather,

NHS LANARKSHIRE: REMOBILISATION PLAN 2021/22

Thank you for submitting the third iteration of your Board's Remobilisation Plan (RMP) covering the period April 2021 to March 2022.

As detailed in the commissioning letter issued on 14 December, this RMP is intended to provide an update and further iteration of your plans for remobilisation, summarising your work in a number of key areas of activity to the end of March 2022 and building on the process which started with your initial remobilisation plan in May last year.

Covid-19 Resilience

While at present we are seeing a steady decline in Covid-19 hospitalisations and patients in ICU, 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 the NHS is not overwhelmed, long COVID is minimised and new variants are made less likely. However, alongside this in a clinical setting, Boards should:-

- Have the capability to stand up appropriate bed resources, scaled in proportion to any further waves/outbreaks, including the ability to double their share of the national adult ICU capacity to 360 beds within one week and to treble to 585 beds in two weeks.
- Be prepared to respond to any further guidance issued in this area as more evidence is available.
- Ensure that such preparedness does not impact upon plans for staff leave.
- Maintain an enhanced public health response consistent with extant national guidance, including Test & Protect and the vaccines programme throughout the planning period.
- Be prepared to adapt these programmes to suit changed circumstances including any requirement for boosters and any necessary change to other vaccine programmes.
- Prioritise Infection Prevention & Control, including the ability to rapidly respond to any changes in the national guidance.
- Continue to delivering essential non-Covid services, with a continuing focus on trauma, maternity, cancer, population screening and clinically prioritised elective care.
- Expand the role of primary/community based care, embedding a whole system approach to Mental Health & Wellbeing.

Person-centred approach

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. In addressing this as part of your remobilisation planning and delivery, I would encourage you to take account of the ALLIANCE's 'People at the Centre' programme (and report) and Healthcare Improvement Scotland - Citizens' Panel for health and social care on experiences during the COVID-19 pandemic. It will also be important to ensure that hospital visiting is safely resumed, in line with the Strategic Framework, recognising the significant benefits that family presence has for patients and staff.

Staff Wellbeing & 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 RMP.

Partnership Working and Staff Engagement

It is clear that your RMP 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 your RMP and when developing any further iterations, as well as ensuring that all stakeholders are meaningfully involved. I similarly encourage you to continue to ensure strong and active engagement with your workforce and clinical colleagues, not least via your Area Clinical Forum and Area Partnership Forum, and with third sector interfaces.

Supporting Adult Social Care

Your RMP demonstrated that the Board 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 your RMP, and as you continue to develop your 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.

Redesign of Urgent Care

The implementation of a whole system approach under this programme remains a necessary and vital part of the way in which urgent care will be delivered during the period covered by your RMP and beyond. As the delivery models and interfaces are developed and implemented, it is essential that this work is not undertaken in isolation and that whole system pathways are at the core of how systems operate. As Phase 2 of the Redesign of Urgent Care Programme continues across 2021/22 we will work closely with all Boards and delivery partners on all aspects including communications and marketing. The process will be driven forward by an Integrated Unscheduled Care Steering Group, working with key partners to support effective implementation of the whole system unscheduled care programmes of work across primary, secondary, and social care.

Planned Care

Funding for Planned Care activity will be for the new administration to determine, and will be confirmed to you as soon as possible after the election. In the meantime and to ensure that activity can continue at planned levels, please commence implementation of your plans in this area in line with the discussions you have had with our Access Support Team.

Mental Health

It is clear from your RMP, and commendable, that mental health services have continued to be provided throughout the pandemic, prioritised on the basis of need and using remote methods of delivery where possible. We also recognise and appreciate the continued development and embedding of innovations introduced during the pandemic, in particular, digital provision and where appropriate, Mental Health Assessment Services.

Going forward, to meet anticipated increasing demand for mental health services, it will be crucial to continue to develop a whole system approach to care provision, working with partners to support population well-being through to delivering specialist services for people living with mental illness.

To achieve this, it is important that you continue to work closely with colleagues in the Scottish Government Mental Health Directorate on the implementation of the Mental Health Transition and Recovery Plan and associated funding, which should be spent in line with the priorities set out in Ms Haughey's letter of 24 March 2021. In particular, this work should focus in the first instance on: CAMHS improvement; clearing CAMHS and psychological therapies backlogs and improving waiting times; developing primary care and community mental health services; and expanding the workforce.

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 your plan and emerged as a key theme nationally. It is vital that implementation of plans, and your longer term strategic thinking retains this aspiration and delivers on your commitments to reduce inequalities across the Health & Care System - including but not limited to those which relate to minority ethnic groups and people living in greatest deprivation.

Finance

We have reviewed your financial plan for 2021/22 and provided detailed feedback on 15/03/2021. We note your financial plan shows a breakeven position for 2021/22 assuming £36.4 million of savings can be met (2.8% of baseline). However there continues to be significant uncertainty about the financial impact of Covid 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 therefore look to assess progress against your plan through the formal Quarter 1 review process, when the in-year Covid 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 the Board 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 the Board 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 over the coming year.

Plan Approval and Feedback

I am content to approve your RMP. Your finalised and signed off RMP will be used as the basis for engagement with the Board over the coming year. Feedback has been and will continue to be provided to you by individual policy teams within the Health & Social Care Directorates, as is normal. It is vital that this feedback should be taken on board as you move into the implementation phase of your RMP. On that basis I do not intend to include any significant feedback in this letter, beyond pointing out the following:

- I was pleased to note the detailed high-level plans for Infection Prevention & Control (IPC) in your RMP. I also noted the good examples of support for care homes, with IPC and improvement programmes and excellent collaboration between Director of Public Health, Directors of Nursing and IPC leads.
- It is positive to see that all Mental Health services are up and running, and that clinical activity has recovered in those services which were reduced during the first wave of the pandemic. It is clear that a number of important innovations have been successfully introduced over Covid-19 – such as Near Me and other digital options, a Mental Health Flow Hub, CAMHS service redesign, a public helpline and staff well-being service. Going forward we would be interested in more detail around the future plans for these innovations.
- I welcome the whole-system approaches evident in your plan, and the collective, West of Scotland regional approach to remobilisation. It is good to see the commitment to sharing the learning and consideration of the wider application across the West of Scotland of Regional Innovation work, which has continued and helped progress new approaches during the Covid-19 Pandemic and will be vital in the continued roll out of the Redesign of Urgent Care.

Publication of your RMP

I am aware that your Board will need to complete its internal governance processes to approve your draft plan and that your finalised plan, incorporating any developments or amendments made to take account of feedback received in the interim, will be published together with this letter in due course. Given the strict requirements in place at this time, I would ask that while we remain in the pre-election period both your RMP and the content of this letter are kept out of the public domain, with publication to take place immediately after the election.

Next Steps

It is our intention to revisit the RMPs for all Boards later in the year once the position on Covid-19 and related matters is clearer, and planning assumptions used in your existing drafts have been validated or amended. As such, we may commission a further iteration of your RMP later in the year, taking account of the foregoing and offering the opportunity for us to update guidance on key areas; this will also be informed by any additional or amended priorities in respect of incoming Ministers.

If you have any questions about this letter, please contact Yvonne Summers, Head of Operational Planning in the first instance (Yvonne.summers@gov.scot).

In the meantime I would like to take this opportunity to thank you, your Board and your entire workforce again for your, and their ongoing extraordinary efforts. Your contribution not just to the nation's response to Covid-19 but to all health & care needs of the population are hugely appreciated by everyone at the Scottish Government.

Yours sincerely

JOHN CONNAGHAN CBE
NHSScotland Chief Operating Officer

Recovery, Remobilisation & Redesign Co-ordination Group (RRRCG)

Accountable to: CMT

Objectives :

- Whole system overview and coordination of the recovery phase of the pandemic wave 3 between the clinical/operational areas of NHSL and Partnerships.
- Avoidance of duplication/omission, unintended consequences, and impact on staff wellbeing (linking to the Wellbeing Group)
- Application and ongoing development of priorities for remobilisation as influenced by national direction and local clinical priorities
- Consider the outputs from the Public Health Horizon Scanning Group in the remobilisation process
- Work alongside and support the Vaccinations Tactical Group and Public Health Tactical Group
- Ownership of the emergent "RMP4" and influence on the scope of the emergent healthcare strategy.
- Monitoring of progress against any agreed programmes for recovery/remobilisation (such as addressing backlogs, adoption of remote clinical interface etc)
- Ensure good communications between the different elements of the whole system and taking a proactive approach to patient/public expectations.
- Ensure good practice approach to EQIAs is applied.

Membership:

- **Co-Chairs** – Jane Burns & Eddie Docherty
- **Acute** – Judith Park, John Keaney & Susan Friel
- **North Partnership** - Ross McGuffie, Lucy Munro, Trudi Marshall & Maggs Thomson
- **South Partnership** - Val de Souza, Linda Findlay, Lesley Thomson & Marianne Hayward
- **Staff Side Representative** – Lillian Macer
- **Comms** – Jackie McColl
- **Corporate** – Colin Lauder & Roslyn Rafferty

Frequency and Location of Meetings - The Group will meet weekly for a period prescribed by organisational demand. At end of June, CMT to review effectiveness/utility of it continuing (dependent on the ongoing response to COVID-19).

Deputies - may attend in place of Group members.

Format - all meetings will normally take place virtually on MS Teams.

Secretariat - administrative support will be provided by the Performance Management and Planning Teams.

Reporting – on a weekly basis to CMT (consideration of an action log as standing item).

Timing of meetings - every Wednesday from 12.00 -1.00pm (until the end of June), excluding Board days when alternative dates/times will be organised.

Approved by CMT:	**26.04.21**
Updated on:	**13.05.21**
Date of review:	**13.05.22**

NHS Lanarkshire

Interim Workforce Plan 2021/22

Section 1 – Background

NHS Lanarkshire is the third largest Board in Scotland, employing around 14,000 people and serving a population of around 660,000. COVID-19 has brought significant challenges over the last year along with some learning and is helping to shape our future direction as we begin to take tentative steps to emerge from the pandemic with the largest vaccination programme in history.

The Scottish Government recognised that the pandemic has radically altered the planning environment for health and social care services from that envisaged at the time of publication of the revised workforce planning guidance and given this, the publication date for the first three year NHS Board and HSCP Workforce Plans has moved from 31st March 2021 to 31st March 2022.

Scottish Government requested boards to submit a draft Interim Workforce Plan covering April 21 – March 2022 using a provided template.

Our aim in Lanarkshire is to develop a healthcare strategy that supports the development of an integrated health and social care system which has a focus on prevention, anticipation and supported self-management. With the appropriate use of health and care services we can ensure that patients are able to stay healthy at home, or in a community setting, as long as possible, with hospital admission only occurring where appropriate. Lanarkshire healthcare strategy (Achieving Excellence 2019) is one part of a trilogy of plans, this is currently being reviewed and updated and our 2022 Workforce Plan submission will build upon this plan as it emerges. To support our integrated approach to planning, the Chief Officers of the HSCPs and NHS Lanarkshire are co-authors of the strategy.

Section 2 – Stakeholder Engagement

NHS Lanarkshire, North HSCP and South HSCP planning leads continue to work together in collaboration with Trade Unions and colleagues from the Primary Care, Third and Independent sectors to ensure that, collectively the output from the interim workforce plan development process presents a cohesive picture of health and social care workforce need across Lanarkshire.

Partnership Working

Staff side colleagues have been key members of the workforce group as part of the NHS Board's command structure for the response to COVID-19, and we will build on this with the establishment of a Workforce Planning Steering Group, which comprises both professional leads and staff side in its' membership including HR Business Partners that provide the link between NHS and HSCP's.

Mutual Aid/Regional Working

NHS Lanarkshire has worked closely with neighbouring Boards as part of the region's response to COVID-19 and remains fully engaged in West of Scotland regional planning activities, working in partnership with other Boards to examine opportunities to deliver services collaboratively to make best use of available workforces. In addition, providing mutual aid to the national Test and Protect service where possible. NHS Lanarkshire has worked closely with North and South Lanarkshire Councils to utilise their staff as part of the delivery of

local Test and Protect delivery and COVID-19 Vaccination Programme. In addition, local council premises have supported local delivery of the vaccination clinics for Lanarkshire residents. In 2021/22 we will continue to work with our partner organisations and neighbouring NHS Boards to maximise capacity.

Section 3 - Supporting Staff Physical and Psychological Wellbeing

A Staff Wellbeing Strategy Group (co-chaired by Director of Nursing and Employee Director) was established in December 2020 to provide direction, prioritisation and oversight of staff health and wellbeing initiatives. This involves development of organisational tools to determine the status of the organisation relating to staff wellbeing. The group is tasked with strategy development and this will continue throughout 2021-22.

Learning from staff surveys and interviews has helped shape services particularly the mental health support elements and issues relating to BAME populations.

Some service provision has been revised following data analysis and staff feedback in order to make the support more visible and simpler to access. The services listed below are clearly defined to support the statutory requirements regarding health and work. These supports have commitments until August 2021 after which they will be reviewed and developed as appropriate, dependent upon progress to date with COVID suppression:

Statutory and Core Services: Initial period April – August 2021

- Occupational Health & Safety
- COVID-19 Staff Testing
- COVID-19 Helpline
- COVID-19 Vaccination Programme
- Influenza Immunisation Programme

Mental Health and Wellbeing Support

The following services are in place and will provide support to staff. The national Wellbeing Hub (national-wellbeinghub.scot) and the H&SC Workforce Wellbeing Helpline will be promoted locally and complement the local services below.

- Occupational Health Self-Referral
- Confidential Staff Counselling
- Early Access to Support for You (EASY)
- Mental Health Case Management
- Staff Physiotherapy

Staff Care and Wellbeing Service

This service, developed by the department of Spiritual Care and Wellbeing, will continue to provide bespoke services to meet individual and group/team needs. The tiered model of staff support, developed in conjunction with Occupational Health and Psychological Services, allows for clear signposting and referral pathways when required. All staff involved in delivering this service have been trained in a variety of interventions and models which will benefit staff experiencing stress, anxiety, burnout and trauma. This also attends to the development of a trauma informed workforce.

Alongside access to the resources available in the Acute based Spiritual Care Centres, there are also staff care and rest centres across NHS Lanarkshire where information, support and snacks/refreshments are available to all staff. These centres are an opportunity for staff to seek support, meet colleagues or just take a break from the pressures of work.

A range of individual and group support initiatives were implemented by NHS Lanarkshire to support staff during this difficult period including a 24/7 staff care helpline, 1:1 and pastoral support for individuals. Group support included resilience training, and sessions on mindfulness, reflective practice and stress management to name a few. Full details of each of these initiatives can be found in NHSL's remobilisation plan.

Psychological Services

With the additional Scottish Government commitment for enhanced psychology services until 31st March 2023.

These services include:

- Provision of psychological therapy and interventions for staff/workforce needing intensive and longer-term support;
- Intensive support provided by experienced highly skilled clinical/counselling psychologists; and
- Data collection on recipients (including job role) to include routine clinical outcome measures as well as satisfaction, absence etc on a monthly basis and report back quarterly to NES with anonymised and aggregated summaries.

There will also be an emphasis on preventative work, working alongside colleagues in, for example, the Public Health Department.

Staff Communication

A *Staff Support information page* was developed on NHS Lanarkshire's Intranet - "Firstport" during 2020/21, ensuring that all staff had access to up to date information in relation to COVID-19 and NHS Lanarkshire's response to the global pandemic. The site will continue to be developed over 2021/22, providing information on how services continue to respond and develop to the changing environment and ensuring that staff are informed and offered the best opportunity to get involved.

Staff on the frontline have been under pressure throughout the pandemic. To support them, a social media campaign encouraging the public '*to be kind*' to our staff was implemented with emphasis on zero tolerance to violence and aggression. We will continue to promote this approach during 2021/22.

Recognising the importance of sharing positive news stories, Pulse online was launched in March 2021. This will be a place for staff to celebrate their good news, feature staff wellbeing stories and include NHS benefits including competitions.

Monitoring performance and evaluating impacts of staff wellbeing

QUARTER 1 2021

Spiritual Care and Wellbeing Department

Activity for Quarter 1 - 2021

	Q1 2021

Tier 1 interactions at Wellbeing Centres	857
Calls to 24 Hr helpline (not needing follow up)	20
1:1 Support (Incl Bereavement Support)	144
Group/Team Sessions (Debriefs)	10
Group/Team Sessions (Debriefs) Attendees	53
Staff Attending Wellbeing Awareness Sessions	392
TOTAL INDIVIDUALS SUPPORTED in Q1	**1,466**

At Work Before Intervention	84.7%
At Work After Intervention	83.4%

Over 98% of Staff supported 1:1 by Spiritual Care and Wellbeing remained at work.

Scottish Government statistics show that on average 15% of the population suffers from Low-Medium anxiety/stress/depression at any one time. It is projected that this will rise to over 30% as a result of the global pandemic. This will have a significant impact on the NHS both from a public health perspective and also from the impact on staff health and wellbeing.

Spiritual Care and Wellbeing received approval in Nov 2020 from the Board for funding to provide additional capacity to Staff Care Service until end of March 2022.

This funding will provide an additional 20 days Staff Care service per week.

This is being focussed on different staff groups across Acute & HSCP: e.g. Team Leaders; Medics; Staff Working from Home/Shielding. During this year we will also aim to develop a Staff Health and Wellbeing Strategy for Lanarkshire with supporting action plan.

Q1 Progress:

January 2021 – Interviews

March 2021 – New members of Staff Care begin Induction training, staff care specialised training and planning. Supporting in Wellbeing Centres.

Q2 Progress so far:

April 2021 – Specialist training continues. Stakeholder meetings taking place. Development of outcome measures.

May 4th 2021 – Staff Care Service launches extended services for Acute & HSCP workforces.

DATA FROM 2020

APRIL-JULY 2020

During the first 4 months of covid-19 we established Staff Support Centres in the Acute sites and also in the two main Assessment Centres.

Staff Support Statistics

Salus Covid-19 Helpline – Numbers of calls/contacts (**TOTAL = 15,340**)

Salus Helpline	OH Helpline Referrals	Salus Stressline	EASY MH Calls	Time for Talking
12,385	2,110	62	635	148

Staff Care and Wellbeing – Number of contacts (**TOTAL= 20,303**)

Visits to Rest Centres	Tier 1 Interactions	Tier 2 Interventions	Staff Care 24/7 Helpline	Required Tier 3 Support	Group Support Sessions
17,430	7,209*	205**	112***	18****	204*****

*Almost 85% of Tier 1 Interactions occurred at Rest Centres
**97 Interventions outwith Helpline & Rest Centre pathways
***46 fielded by Psychological First Aiders
****9 referred to Psychological Services for Tier 3 Support
*****Total of 1,602 attendees - Mindfulness (612 attendees) Others (990 attendees)

Psychological Services – Number of contacts (**TOTAL = 552**)

Staff Care 24/7 Helpline Calls	Acute Hospitals	Community Hospitals	Community Hubs	MH Services	Tier 3 Sessions
46	45*	280*	44*	87*	50**

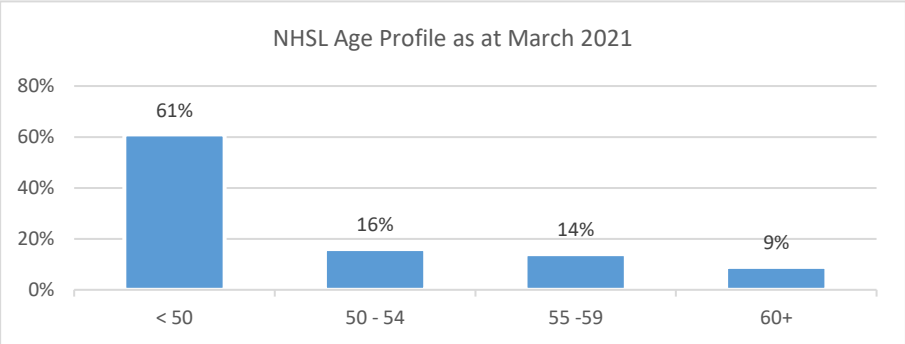
*Includes staff receiving support in group sessions
**22 staff were referred for Tier 3 interventions involving between 2-6 sessions

NHS Lanarkshire workforce figures

In Post WTE Figures as at 31st March 19/20/21

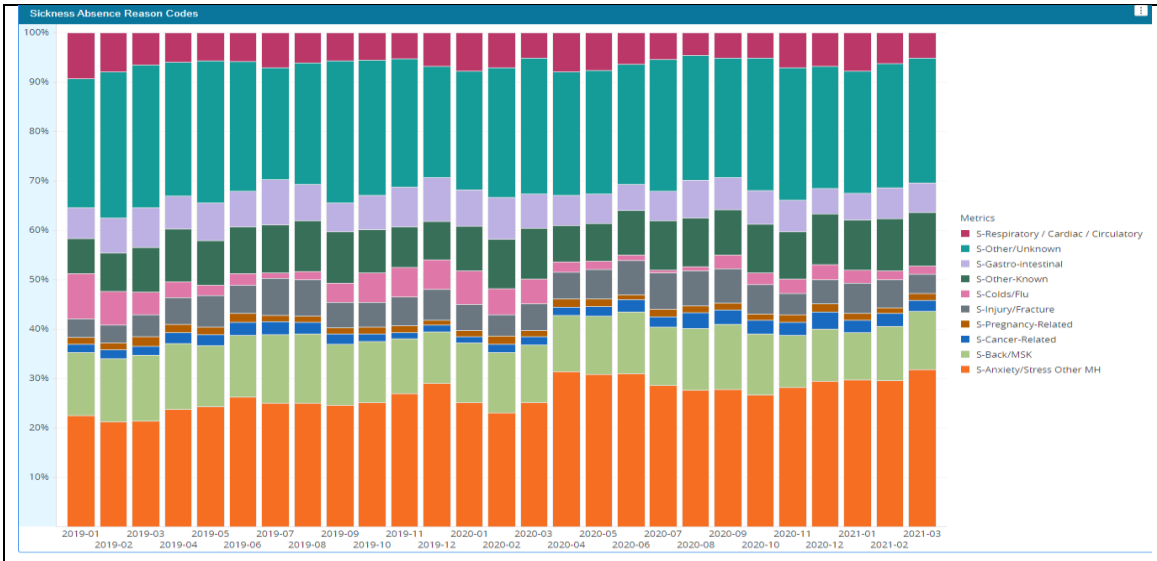
Job Family	**Mar-19**	**Mar-20**	**Mar-21**
Administrative Services	1,771.82	1,833.25	2,091.16
Allied Health Profession	959.85	1,005.99	991.61
Healthcare Sciences	411.36	413.27	416.55

Medical and Dental	708.08	746.76	781.86
Medical and Dental Support	134.56	138.61	151.60
Nursing/Midwifery	5,446.73	5,731.54	5,995.45
Other Therapeutic	523.37	597.52	591.29
Personal and Social Care	76.13	81.93	82.07
Senior Managers	52.52	53.90	48.04
Support Services	635.37	649.27	654.20
Total	**10,719.78**	**11,252.05**	**11,803.83**



Key Workforce Metrics	**2019**	**2020**	**2021 to date**
NHSL Annual Turnover Rate as at 31 March	7.14%	8.00%	8.46%
Average age of employees' retiring	60	60	61
Annual Leave	13.13%	12.04%	13.41%
Sick Leave	5.99%	5.97%	5.80%

The chart below shows the sickness absence composition in NHSL since Jan 2019.



Workforce Configuration and Lessons Learned

The configuration of the NHS Lanarkshire workforce has changed to support the response to the global pandemic. For example, colleagues redeploying from elective pathways to support Intensive Care, trainee Doctors were redeployed into medicine, emergency medicine, intensive care and anaesthetics.

NHS Lanarkshire has embraced new ways of working and is taking every opportunity to build upon the learnings from COVID-19 in workforce planning and wider service planning through 2021/22. During the pandemic recruitment processes were reviewed to expedite recruitment of staff to allow rapid roll out for the Test and Protect and the vaccination programme.

As noted above annual leave in 2020 was approximately one percentage point lower than 2019 equating to around two days per whole time equivalent. Acknowledging this carry forward NHSL will continue to use supplementary staffing to cover shortfalls in staff as they arise.

Section 4 – Short Term Workforce Drivers (Living with COVID)

Establishing a sustainable long-term Vaccination Programme/Test and Protect

NHS Lanarkshire has a successful track record in rapidly responding to establish new services and teams to support the response to COVID-19. In late 2020, NHSL established a robust Test and Protect service of over 150 staff (including over 100 contact tracers) to deliver this important public health initiative to the people of Lanarkshire and ensure timeous contact tracing following positive tests for COVID-19. Opportunities for this service to support the wider vaccination programme are being explored- should the prevalence of COVID-19 continue to reduce.

In early 2021, preparations commenced to establish a large-scale vaccination programme and, as at March 2021, this programme has around 300 WTE staff employed on a fixed-term basis to support delivery of the COVID-19 vaccination programme and an additional approximately 400 headcount of qualified practitioners recruited to staffbank. In 2021/22 we will continue to build upon this success to ensure full delivery of the

COVID-19 vaccination to Lanarkshire residents. This vaccination programme has been planned to continue into the Winter to ensure seamless delivery of the 2021/22 seasonal flu vaccine programme.

COVID-19 Beds and Maintaining Surge Capacity Needs

C19 beds and surge capacity will be in line with the RMP 3 letter dated 2 April 2021 by Scottish Government NHSL and will continue to have the ability to stand up double the number of adult ITU capacity beds within one week and treble within two weeks. PODS will be used in ITU for COVID 19 positive patients to allow regular ITU beds to be utilised.

Redesign of Urgent Care

NHS Lanarkshire will continue to work with the revised model of urgent care to provide 24/7 patient pathways through a single point of access: NHS24/111. Any workforce challenges will be worked on as they arise. Further detail of redesign of urgent care are available in the remobilisation plan. There is recognition of the pressure on Emergency Departments due to the current Covid pathways not including children under 16. After a National review and with the maturing of pathways will help mitigate the number of attendances at ED of children under 16.

Care Homes

There is additional enhanced professional and clinical oversight from NHS Boards along with facilitation of the delivery of the Scottish Government's commitment to offer weekly testing for COVID-19 to all care home staff.

Maintaining essential services

Essential services will continue to be delivered throughout with continued implementing of social distancing. Further details available in our remobilisation plan.

Recovery of Public Health functions to support population health

Recovery of Public Health (PH) support to screening and immunisation has been prioritised. As the demands of the pandemic reduce during 2021/22, PH staff will gradually transition back to their core roles as per the Recovery and Remobilisation plan.

We intend to review the PH Department functionality to ensure that it can: meet the emerging health protection needs; address the potential of annual mass vaccination programmes; resume routine PH functions; undertake work to address health inequalities; and improve population health, while continuing to respond to the pandemic. During 2021/22 we would propose to contribute to discussions that could shape a world class Public Health System for Scotland and NHS Lanarkshire, this will be scoped by benchmarking against other PH departments in Scotland to work towards the premise of a 'Once for Scotland' approach through analysing the lessons learned over the last year.

Care at Home

Former medical, nursing and clinical colleagues who responded to the call to return to work during this pandemic continue to be re-employed and non-front-line staff employed by both partners, including admin staff, continue to be redeployed to support HSCP front-line staff and to maintain service delivery as appropriate.

Additional posts across in-house residential staffing requirements have been appointed to maintain service capacity and safe service standards. In order to re-able individuals, Community ICST was boosted by physiotherapists who were redeployed along with additional physios and OTs into residential care homes. This will recur in 2021/2022.

As part of the COVID response work was undertaken to identify ways to facilitate quicker discharge of able patients which resulted in the appointment of dedicated Occupational Therapist support to accelerate the Discharge to Assess process.

The preferred delivery models for people remains support in their own home along with minimising footfall- particularly important in response to Covid-19. The Balance of Care in Lanarkshire pre covid demonstrated more support at home than in institutional or grouped based care. It is expected throughout 2021/22 that this will continue and increase.

Home support Workforce renewal

The homecare staff exposure and risk related to the COVID outbreak highlighted the need for additional recruitment to the service despite the challenges of social distancing and contact. Recruitment strategies will aim to make Home Support roles more appealing, encourage a broader demographic of applicant, promote wider career pathways into health and social care, whilst building on the increased profile of social care from the pandemic response and recent national campaigns.

Independent providers

Continued growth of 300 hours per independent sector provider will also continue through 21/22 with

significant work to support vulnerable households continues in conjunction with all local partners, including crucially the third sector, to assist those shielding or isolating at home.

Community Nursing

Community nursing are increasing capacity to provide care on a domiciliary basis across a range of areas. To support this, staff have been recruited on a temporary basis via staffbank, return to practice and students. The target is to secure 30% additional community nursing workforce from current funded establishment. There continues to be a National shortage of SPQ qualified District Nurses resulting in very little uptake from band 6 recruitment programmes. The focus therefore is on offering post graduate training programmes to develop the existing band 5 workforce ready for band 6 roles.

School nursing teams are going through a period of change and refreshing of role which will see the team increase significantly.

Mental Health Officers (MHOs)
Under the Action 15 workstream, MHOs have been recruited and it is our aspiration to increase the headcount of this role further at the earliest opportunity. The mental health impact of the pandemic and the response to it has increased the workload in general practice.

Mental Health and Learning Disabilities

Medical staff vacancies in Mental Health and Learning Disabilities are at 21% - the majority of these are in the consultant workforce, and within that group vacancies are almost entirely within the subspecialty of General Adult Psychiatry which is a hard to fill specialty nationally, with gaps at all levels. Concerted efforts are thus underway at all levels to try and influence this, including central efforts from the Royal College of Psychiatrists to support PsySoc organisations at medical schools, obtain more FY2 placements and to influence national policy.

Locally a recruitment and retention group has been formed to focus on psychiatry, in particular increasing medical student placements and making sure that Lanarkshire is well placed for recruiting consultants. As a result of this work, we are now hosting both Glasgow and Edinburgh medical students and we have recently won a recognition of excellence award from Edinburgh University. We have improved our timing of adverts, hosted open evenings, designed a brochure for the service, written a new advert and have met extensively with HR to determine new recruitment processes – this has yielded very good results in most specialities, however general adult psychiatry remains challenging.

Health and Care (Staffing) (Scotland) Act 2019

NHS Lanarkshire have a dedicated team working alongside clinicians and managers to prepare for and ensure compliance with the legislation. Although paused in March 2020 NHS Lanarkshire has continued, where appropriate, to make use of validated Nursing and Midwifery workload and workforce planning tools to support decision making and workforce modelling in its response to COVID-19, especially with regard to the commissioning of new beds/wards. The team will set out plans for ensuring successful implementation and delivery of the Act and guiding principles within the NHS Board's workforce plan 2022/212 submission, incorporating a schedule of all nationally approved workforce and workload tools.

Section 5 – Medium Term Workforce Drivers

Redesign of Services building on new ways of working

A working group has been created around workforce planning. The group will oversee a programme of service development work, which supports increasing capacity to respond to competing and complex demands, improve flow, and experience of people and patients. Examples include: exploring a different skill mix of staff in key areas to increase capacities to respond to demand; and short term capacity to support deep dive work in areas of pressure to make best use of and reshape existing resources.

Clinical prioritisation of planned care

NHSL's remobilisation plans explains that staff working to the top of their license, extended 6 day working and continuing with new ways of working utilising technology will be crucial to the remobilisation of outpatient services.

Care implications of Long Covid on Rehabilitation Services

The health and social care services delivered by our HSCPs are pivotal to the safe and effective recovery from the pandemic. NHS Lanarkshire and the two respective H&SCPs have agreed a process whereby services have been recovered in line with clinical prioritisation and taking account of other logistical requirements, e.g. observing 'social distancing'. At this stage, many of the services have been unable to recover fully and even utilising alternative technology-based approaches, many have escalated waiting times. As such, a key priority over the next 12 months will be creating sufficient capacity – both in relation to staff and space - to return waiting times to a more appropriate level.

Many of the additional staff and services established to manage the impact of COVID-19 will continue to be required for at least the first 6 months of 2021/22.

Additional staff will also be required to form and provide a new service for those managing the effects of 'Long Covid' as described in the remobilisation plan.

Community Assessment Centre

Patients suffering symptoms at home initially make contact through NHS24 and through the initial triage are then signposted to the NHS Lanarkshire Covid Hub. Patients are clinically triaged via the Hub and if required are then asked to attend the local Assessment Centre. The model re-directs patients away from the routine GP pathway and diverts a flow of patients from the front door of the hospital. The centres have been staffed by volunteer GPs, Nurses and Allied Health Professionals and have been one of the success stories of the current arrangements.

GMS contract

Currently there are Advanced Nurse Practitioners (ANPs) in training within 13 practices in NHSL. The number of ANPs available to support the in practice model will vary depending on the response required to the pandemic. There remains a concern that the COVID pause will detrimentally effect recruitment and retention of ANPs.

Recruitment

There are not the number of GPCPs required and NHSL is now looking at a skill mixed model to ensure practitioners are supported to work at the top of their licence. There is a further risk that practices will be unable to offer support and training as previously due to the impact of the pandemic

Finance Risk

There has been an improved public understanding of right service right time, is not always a GP appointment. However ongoing reinforcement of this message is required. The competing demands by government, notably Emergency Care redesign, OOHS and Respiratory Centres place additional pressure on Practices and require support from whole system if they are to be realised.

During the first wave a number of practices positively reported being able to build on the work that has been undertaken around workflow optimisation, care navigation and serial prescribing, and all practices who wish to explore what contribution this can make to new ways of working and new normal are being encourage and supported to do so.

Resources and Funding

To date, funding received has been focused on the immediate staffing and resource requirements to address the pandemic, and much of it is fixed term/non-recurring. It is not possible to quantify the future funding required to combat the pandemic and requirements are under constant review.

Adult Social Care Review

Once the Scottish Government outlines its response to the recommendations, the HSCNL Chief Officers will provide an analysis of the Feeley recommendations against both HSCP's service models and strategic plans.

Potential workforce impact of recent changes to pension schemes

Pension changes being applied in April 2022 may have an impact on people's plans and we will have to explore this more closely.

Workforce Planning

Workforce planning is intrinsic to the intent set out within this remobilisation plan – ensuring we can effectively balance deployment of our existing staffing resource to meet extant operational need, both substantive and supplemental, and demand and supply arising from natural turnover, new models of care and COVID specific service additionality.

An organisational risk has been identified in relation to workforce supply and capacity:

'Failure to ensure sufficient workforce supply to deliver heath and care services for patients across extant and COVID specific services will lead to an inability to provide sustainable and sufficient care, increased pressures on existing staff resources resulting in poor patient outcomes, adverse impact on staff health and wellbeing and reputational damage.'

Critically, like all health and care systems, workforce demand, specifically for registered clinicians, is significantly outstripping supply and is further compounded by fixed undergraduate supply outturns on an annual basis. This is acutely problematic specifically in trying to meet nursing and midwifery demand, as our largest constituent job family, with no 'new' output until September / October 2021.

Similar to our position in 2020 our expectation would be to recruit the full complement of undergraduate nursing and midwifery students that will graduate in 2021. Given the backdrop of limitations in supply we are mindful of broader issues of workforce attraction and retention, particularly clinical staff, which necessitates organisationally strengthening our marketing and positioning as an employer of choice that implicitly values and supports their staff.

We have as yet seen no manifestation of impact associated with EU exit although this could be a result of the relative short time period that has passed since formal exit and whether this will have material supply impact. We do know there is a high proportion of staff within care / nursing home sector of EU origin in non-registered roles and the milestone of applications for settled / pre-settled status by 30th June 2021 could potentially

pose an element of risk in this sector which could reverberate backstream to statutory health and social care providers.

We have continued to seek, and exhaust, registered staff additionality from all available sources including the NES accelerated recruitment portal, NMC re-registrants, engagement with retirees and ongoing campaigns of recruitment to our nurse bank. In seeking to mitigate the challenges of demand we will continue to use these methods.

Conversely whilst supply for registered staff is, and will remain challenging, for the foreseeable future, supply of unregistered staff is buoyant, as a direct result of pandemic on the labour market.

Section 6 – Supporting the workforce through transformational change

Recruitment and Retention

NHS Lanarkshire has experienced some success in recruiting rapidly to respond to COVID-19. For example, the establishment of the Test and Protect service and the COVID-19 Vaccination Programme.

Some areas remain hard to fill however, in particular, registered healthcare practitioner roles within Nursing and Midwifery in particular Band 5 Adult, Mental Health, Band 6 District Nursing and Nursing Clinical Physiology, Pharmacy and Maintenance Technicians.

In Medical staffing there are challenges recruiting to posts in Psychiatry, Medicine, Dermatology, Oral/ Max and Radiology.

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. In addition to our normal recruitment there has also been a focus on Public Health for consultant and Band 8d posts. A separate campaign for Clinical Development Fellows was held to cover a joint post with ARIC and Emergency Departments.

Use of National Staff Recruitment Portal

The portal provided us with limited numbers for medical staff. From the first portal phase details of 15 doctors were put forward and 2 of these were appointed to support ARIC. During the second portal phase 8 doctors were put forward however the majority noted they did not feel able to work with patients given the length of time they had retired and only 1 will be utilised to help with the vaccination programme.

Use of Temporary Registrants

To support the COVID-19 response all doctors that had retired over the past 3 years were contacted, 8 doctors returned from retirement and several others postponed their retirement to assist with the response. In addition, several substantive staff increased their core hours to provide support.

The Modern Apprenticeship Programme was paused for some time however, we have recruited 4 Modern Apprentices in Business & Administration Band 2 admin roles, with more in the pipeline. Kickstart has also been paused and we will look to further explore the scheme during the course of 2021/22. School work experience was paused due to public health risk however, though our Next Gen team virtual sessions for pupils applying to medicine have been very successful.

NHSL delivered to a total of 356 pupils advice around Preparing for UCAT Application Process, Interview Process, Interview Practice for Role Play and Ethical Scenarios and mock interviews. A mixture of Students, CTFS, Doctors and Consultants helped support these sessions.

NHS Lanarkshire will undertake detailed multi-professional workload and workforce planning. Effective use of existing resources will be essential as will gaining an understanding of current utilisation of the workforce and the likely implications for retention of the existing workforce. This will provide essential baseline data for future remodelling work. The identification of skills and competency gaps will be equally important in ensuring appropriate training and development is ongoing to ensure the workforce is appropriately prepared and supported for the future. It can take at least 18-24 months to train an experienced qualified healthcare professional to advanced practice level and therefore it is critical that this is initiated as early as possible.

A similar approach will be required to define the generic support worker role. It may not be possible to determine the exact numbers of each role required and so an initial estimate of need should be agreed and used for the purposes of development. To do this, it is essential that professions are able to define their unique professional contribution and identify tasks which can be delegated and carried out effectively by support workers, thus building safe and effective capacity.

New roles

National job descriptions were created for Test and Protect Band 3 Contact Tracer role and Band 3 Vaccinator roles, both of which NHS Lanarkshire have successfully recruited to. NHSL will continue to explore the potential for new roles in advanced practice both registered and unregistered

The Care Academy Phase 2

A cohesive delivery plan is under development for phase two. To deliver its objectives there will be three key work streams:

1. Developing the young Workforce and inspiring the next generation of talent.
2. Adult recruitment and employability.
3. H&SC employee engagement and wellbeing.

Innovation and Utilising Digital Technology

Within NHS Lanarkshire, it has been necessary to adapt ways of working in light of restrictions posed by the pandemic. For example, the rapid roll out of Microsoft Teams to support remote working has resulted in other benefits for productivity through reduced inter-site travel, not to mention the associated environmental and financial gains. In 2021/22 NHS Lanarkshire will build upon this, whilst recognising the

importance of having social contact for staff to promote good team working across both clinical and non-clinical teams.

This remote working model will continue as an area of opportunity for NHS Lanarkshire in 2021/22 to improve access for patients and improve clinic efficiency.

Further roll out of mobile technology, in particular iPads, has supported clinicians working within the community and enabled the rapid establishment of the COVID-19 Vaccination Programme. In 2021/22 NHS Lanarkshire will explore further opportunities, where practicable, to support our clinical teams with agile working practices. Increased use of Near me and digital solutions in NHSL and continuing to engage with GP practices to support remote consultations may require an increase in EHealth staffing requirements. Near Me was in the formative stages of a wider roll-out to various primary, community and hospital care settings with only 75 consultations in February 2020, it is now used across a plethora of services equipped with the technology, has grown to over 100,000 virtual consultations form early March 2020 to the present day.

Workforce Data Analytics

NHS Lanarkshire has rapidly developed an emerging set of data to monitor the workforce response to COVID-19. In particular, focussing on COVID-related absence, the impact of reduced uptake of annual leave and modelling possible scenarios to support workforce planning activity. In 2021/22, NHS Lanarkshire will continue to build upon the dashboards developed to-date to support workforce planning and decision making across the NHS Board and provide assurance on training compliance. Particular focus will be on understanding the impact reduced uptake in annual leave has had on the workforce, the associated scale of carry-forward days in 2021/2022 and how to achieve balance by managing staff leave effectively to ensure staff receive time off whilst ensuring sustainable service delivery.

Risk Assessment

As the COVID-19 pandemic continues with rapidly changing priorities, NHS Lanarkshire has recorded and quantified emerging risks timeously and maintained continuous review of all corporate risks and COVID-19 risks through the Corporate Management Team and Strategic Command, respectively.

The current significant risks for NHS Lanarkshire focus on maintaining an adequate workforce, adequate beds and a safe environment with the infrastructure and supplies to enable a dynamic response to the competing priorities, whilst minimising adverse impact on patients, staff and the public. Significant risks, with the mitigation, are overseen through the existing governance arrangements, including the Board of NHS Lanarkshire.