



T: 0300 244 4000
E: CabSecHSC@gov.scot

Martin Hill
Chair
NHS Lanarkshire

Via email: martin.hill@lanarkshire.scot.nhs.uk

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Dear Martin

NHS LANARKSHIRE ANNUAL REVIEW: 22 NOVEMBER 2021

1. I am writing to summarise the key discussion points from NHS Lanarkshire's Annual Review with the outgoing Chair, Neena Mahal and the Board Chief Executive, Heather Knox, on 22 November 2021 via video conference. I started the meeting by paying tribute to Neena, who subsequently stepped down as Chair on 31 December. Neena has contributed to the NHS for 17 years and led the Health Board since 2013; and was recognised for her services to healthcare by being awarded an MBE in last year's Queen's Birthday Honours List.

2. In the same way as last year, in-person Reviews have not proved possible given the ongoing state of emergency as a result of the Covid-19 pandemic and associated pressures. Nonetheless, Annual Reviews remain an important part of the accountability process for the NHS and, as such, we have arranged for Ministers to hold appropriate sessions with the Chair and Chief Executive of each Board via video conference. I was supported in the meeting by Caroline Lamb, Director General, Health & Social Care and Chief Executive of NHS Scotland.

3. The agenda for this year's round of Reviews has been split into two sections to cover: a look back over 2020/21, including the initial response to the pandemic; and a look forward, in line with the current Board resilience and mobilisation plans.

Look back: 2020/21, including the initial response to the pandemic

4. You provided a helpful overview of the Board's initial response to the pandemic from late February 2020. This required an unparalleled, immediate and radical restructure of both services and ways of working across the NHS in Scotland, including in NHS Lanarkshire. The Board's response and recovery planning process involved the rapid reconfiguration of local health and care services across acute, primary and community settings, including a significant

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increase in the use of technology, such as *Near Me*, to deliver care outside hospitals or clinic settings, alongside effective, whole system working.

5. Staff at every level have consistently performed above and beyond the call of duty to support both local services and the national effort: for instance, with the unprecedented *Test & Protect* and vaccination programmes, as well as the crucial support and clinical oversight provided to local care homes. An example of this had been the medical physics staff who had worked innovatively and tirelessly in the initial stages of the pandemic to bolster vital critical care capacity by converting anaesthetic machines to ventilators; alongside other largely unsung heroes, such as those who had been instrumental in establishing the new community pathways; and ensuring that key services, such as district nursing and health visiting, had been maintained throughout. Indeed, it is through the consistent dedication and commitment of local health and social care staff, under largely unrelenting pressures, that we have ensured that the NHS has not been overwhelmed at any point during the pandemic, to date. As such, I would want to formally record our deep appreciation to all local health and social care staff for their outstanding work, and give them an assurance that we will continue to do all we can to support them.

6. In terms of the impact of Covid-19 and associated activity, NHS Lanarkshire had: experienced over 45,000 cases of COVID-19 notified between 14 March and 14 September 2021; significantly increased the number of intensive care beds across the three acute sites; delivered 528,489 first Covid vaccines, 348,193 second doses and 131,902 booster vaccinations by 5 November 2021; set up mental health assessment centres on each main hospital site to maintain safe patient access; set up digital ways of interacting with patients across numerous services so care could still be delivered safely; and expanded the Hospital at Home service to support more people in the community.

7. The need to establish capacity to meet the Covid-19 demands placed on health and social care required significant changes in the level of planned care available during 2020/21. During the first Covid-19 wave all planned surgery, with the exception of cancer, was paused. Subsequent surgical capacity during the remobilisation period from July to November and the second wave (December 2020 to March 2021) was restricted by capacity constraints necessary to follow national Infection Prevention and Control guidelines to protect patients and staff; and the need to continue to adapt to meet the numbers of Covid-19 admissions. NHS Lanarkshire had been one of the worst affected Boards by Covid with high admission and infection rates, significantly impacting surgical capacity and critical care. The Board's remobilisation focus following the first wave of the pandemic had been underpinned by clinical prioritisation. However, early progress had been limited by the operational impact of resurgences in Covid-19 admissions. Ultimately, the capacity available had not been sufficient to meet demand; resulting in an increase in the overall waiting list size during the year.

8. All Health Boards had seen unscheduled care pressures fall in the first phase of the pandemic, with the restrictions having a significant impact on attendances. As restrictions were eased following the initial lockdown, attendances had risen; and Boards faced new pressures in A&E Departments and receiving wards due to the higher acuity of some presentations, alongside the maintenance of appropriate infection control measures and streaming of patients. Unscheduled care performance across NHS Lanarkshire's three main acute sites has been a significant issue over recent years and the Board has continued to experience significant challenges in delivery of the 4-hour standard; the main issues being time to first assessment and waits for beds. Each of the 3 acute sites have been challenged

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in maintaining separate patient flows whilst complying with Infection, Prevention and Control guidance and physical distancing. The delivery of a sustained improvement in the performance against this standard remains a key clinical priority area for NHS Lanarkshire.

9. With cancer service delivery remaining a priority, the Board's performance against the 31-Day standard was consistently strong; performance against the 62-Day standard was more challenged. A significant amount of capacity was utilised out-with the Board to ensure cancer patients continued to receive care safely. This included utilisation of the private sector (Nuffield and Ross Hall), mutual aid (with some local breast patients sent to NHS Forth Valley) and the NHS Golden Jubilee National Hospital.

10. Local mental health services continued to be provided throughout the pandemic, prioritised on the basis of need and using remote methods of delivery, wherever possible. The performance for Child and Adolescent Mental Health Services (CAMHS) has been consistently challenged, even pre-Covid. Performance against the waiting times standard was 57% as at the end of June 2021 against a national average of 73%. The main issues have been a combination of rising demand and difficulties recruiting and retaining staff. For Psychological Therapies (PT), performance against the standard was 83% as at the end of June 2021; a total of 2,329 people were waiting, and 21 of these had been waiting over 53 weeks. As such, NHS Lanarkshire was one of the seven territorial Boards escalated for enhanced improvement support for CAMHS and PT performance. The Board's mental health teams have engaged positively in this programme of tailored support: analysing performance and capacity data; modelling demand and trajectories; and identifying gaps. Local improvement plans for CAMHS and PT were submitted in July 2021 setting out how NHS Lanarkshire will use the allocated Mental Health Recovery and Renewal fund for waiting list reductions. Progress will be kept under close review by the Government's Mental Health Division Performance Unit.

11. In terms of financial management, NHS Lanarkshire delivered a balanced position in 2020/21 after receipt of funding from the Government to meet the additional pressures arising from the Covid pandemic response. £1.7 billion of additional funding was allocated to NHS Boards and Integration Authorities in 2020/21 to meet Covid-19 pressures. NHS Lanarkshire received £115.7 million of this funding.

12. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated underpin the local strategy for a sustainable future. We also asked the local Area Clinical Forum and Area Partnership Forum to provide brief updates ahead of the Review and were pleased to note the ongoing positive engagement and contribution of both; the Board will need to harness this and ensure full staff support and engagement for the longer term recovery and renewal phase.

13. To summarise, we are most grateful for the outstanding efforts of local staff to adapt and maintain key services during 2020/21 for the benefit of local people, in the face of unrelenting pressures. We must also recognise that the initial pandemic response, which necessitated the prioritisation of Covid, emergency and urgent care, meant that there has inevitably been a regrettable increase in non-Covid health and wellbeing harms, alongside a significant and growing backlog of non-urgent, planned care; and that, despite the success of the vaccination programme, we face ongoing risks around the disease, alongside a range of other pressures that are likely to have a significant impact; both over the recent winter period and beyond.

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Forward look

14. Ensuring that the NHS is not overwhelmed remains of paramount importance and, given the myriad of pressures facing us, Boards will remain on an emergency footing until at least the end of March 2022. The Government had been holding mobilisation and critical winter planning meetings with all NHS Boards, including NHS Lanarkshire, in the context of the [Health and Social Care Winter Overview](#), published on 22 October 2021; bringing together all of the actions we had taken in preparation. The approach had been based on four principles: maximising capacity; supporting staff wellbeing; supporting effective system flow; and improving outcomes. It outlined how we would: protect the public from the direct impact of Covid-19 and other winter viruses; support our staff to deliver high quality care; increase capacity and maintain high quality integrated health and social care; support the public through clear and consistent messaging to make sure they access the right care, in the right place, at the right time; and use digital and financial enablers to achieve these objectives.

15. This approach, supported by the [Adult Social Care Winter Plan](#), which set out additional measures to protect the adult social care sector ahead of winter, is backed by £300 million of recurring funding, aimed at ensuring we have a well-staffed, well-supported and resilient health and social care system. The new multi-year funding will support a range of measures to maximise capacity in our hospitals and primary care, reduce delayed discharges, improve pay for social care staff, and ensure those in the community who need support receive effective and responsive care.

16. You confirmed that NHS Lanarkshire had continued to experience significant and sustained pressures across local services. The three main acute sites were all experiencing very limited bed capacity and increasing staffing pressures; with all experiencing a rise in patients showing higher acuity, resulting in a requirement for a longer and more complex term of care; whilst A&E performance remained significantly challenged. Indeed, these pressures had resulted in very high bed occupancy, bed closures, reduced theatre capacity, cancellations of elective surgery, overcrowding in the A&E Departments and queues at front doors with very long waits for admission. Within the national planning context noted above, you confirmed that NHS Lanarkshire's Winter Plan provided a system-wide framework that focused on patient pathways, staffing, enhanced flow and alternatives-to-admission, linking in with Scottish Ambulance Service, Health and Social Care Partnerships and specialty teams; providing as much support out of hospital as possible. We noted the local work underway as part of a range of improvement programmes, including: fast-track work on respiratory pathways – to care for people in their own homes, if possible; augmented Hospital at Home services; improved GP access to diagnostics; and further work on frailty and understanding the needs of the patients who are in hospitals to consider if they can be safely and effectively cared for in alternative settings. We would keep these operational pressures under close review and continue to offer as much support to the Board as possible.

17. You confirmed that given the sustained pressure being faced, the Board was looking to extend the support from defence service personnel across the three acute hospital sites via the Military Assistance to Civilian Authorities (MACA) programme. MACA support has since been approved until 26 February 2022 with 31 defence service personnel assisting across the local acute sites, with a phased draw-down of support over February. The Board needs to

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deliver on its plan to enable it to exit cleanly from military support and ask that you keep Scottish Government updated on the transition plans as they develop. Scottish Government workforce officials will continue to work with NHS Lanarkshire to consider what further support could be offered in relation to the ongoing pressures the Board is facing.

18. We also remain very conscious of the cumulative pressures placed on the health and social care workforce as a result of the pandemic and were pleased to note the full range of activity NHS Lanarkshire is taking in terms of the wellbeing and resilience of local staff, including: the Psychological Services Staff Support Service; Covid Helpline; Individual Case Management Services; *Early Access to Support for You* (EASY); Confidential Counselling; Management Referrals to Occupational Health; Staff Care & Wellbeing Support Centres; and the Bereavement Support Service.

19. Whilst our focus over the winter period has necessarily been on resilience (not least in response to the Omicron wave), we remain ever conscious of the backlog of elective care and associated harms. We continue to assist NHS Boards, including NHS Lanarkshire, with their plans for recovery, in light of the more than £1 billion of targeted investment driving the remobilisation of our NHS; as part of our [Recovery Plan](#), announced in August 2021.

20. As noted above, the Board continues to be pressured for inpatient beds and access to theatres; however the Board are actively working to increase day surgery, where possible. NHS Lanarkshire continues to use clinical prioritisation to schedule activity through theatres and holds a weekly theatre prospective review to appropriately allocate and prioritise theatre space. The Board continues to supplement local capacity with the use of the Golden Jubilee National Hospital for urgent cancer and other 'P2' cases. The independent sector is also be utilised to deliver high volume endoscopy activity in support of backlog reduction. £1,227,000 has been released to Board in 2021/22 to support cancer waiting times improvements.

21. In the longer term, the Board's recovery and capacity will be significantly enhanced by the development of the National Treatment Centre in Cumbernauld, which is expected to focus largely on diagnostics, outpatients and minor procedures.

22. As noted above, local unscheduled care performance has been some of the most challenged across Scotland for some time. High attendances and patient acuity have materially contributed to pressures on services, and this has been compounded by staffing issues. Furthermore, delayed discharges had been rising within acute and community hospitals. Actions underway to improve performance include: the further development of the local Redesign of Urgent Care programme work; building on the success of the Board's Flow Navigation Centre, alongside promoting the use of discharge lounges. You confirmed that NHS Lanarkshire and the local Health and Social Care Partnerships remain committed to a whole-system approach around the improvement programmes, such as Interface Care and Planned Date of Discharge, Home First and Discharge Without Delay. We will keep progress in this key area under close review and continue to offer support, wherever possible.

23. In terms of mental health services, as noted above, the Board has been working with Scottish Government officials and professional advisers to agree recovery plans for CAMHS and PT services. The Board estimates that NHS Lanarkshire will meet the CAMHS and PT waiting time standards by March 2023; a regular programme of engagement will continue via the Government's Mental Health Division Performance Unit to monitor progress, including the

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implementation of the CAMHS and PT plans and associated spend of the Mental Health Recovery and Renewal Fund.

24. After pausing longer term financial planning in March 2020 in response to Covid, Boards are starting to draft 3-year financial plans that will come into effect from 2022-23. We recognise the ongoing financial impact of Covid and associated pressures; alongside slippage in delivery of savings. The Government will continue to regularly engage with the Board to monitor your financial position and to assist with longer term planning.

Conclusion

25. I hope that by the time of the next Review we will be free of some of the more extreme recent pressures and able to focus fully on local service recovery and renewal. I am, nonetheless, under no illusion that the NHS continues to face one of the most challenging periods in its history and are grateful for your ongoing efforts to ensure resilience. We will continue to keep local activity under close review and provide as much support as possible.

26. I want to conclude by reiterating my sincere thanks to the NHS Lanarkshire Board and local staff for your sustained professionalism and commitment, in the face of unprecedented and unremitting pressures during both 2020/21 and 2021/22, for the benefit of local people.

Yours sincerely



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