

2022/23 ANNUAL DELIVERY PLAN – FINAL

The Annual Delivery Plan (ADP) was developed over June and July 2022 in response to the Scottish Government's (SG) June 2022 commissioning request. The draft plan has been further developed to reflect updated Scottish Government guidance and discussions with Scottish Government colleagues. While the draft Plan was reviewed by the NHS Lanarkshire Corporate Management Team, due to time constraints, it was not possible for the NHS Board to formally approve the Plan ahead of submission to the Scottish Government in late July 2022.

1 BACKGROUND - GLOBAL PANDEMIC & RECOVERY

NHS Scotland remained on an emergency footing from March 2020 until April 2022 as our service responded to the challenges of the global pandemic. NHS Lanarkshire is no longer on an emergency footing but we do continue to experience challenging service pressures in managing the ongoing impact of the pandemic and the recovery of services, and moved into an escalated Code Black position on 27th July. While we hope to step down the level of escalation in the near future, it is anticipated that this pattern will continue throughout 2022/23. This will significantly impact the aspirations for service recovery as described in our Annual Delivery Plan. Additionally, our population was disproportionately impacted by Covid-19 and given the disadvantaged starting point, this will also impact on our recovery aspirations.

NHS Lanarkshire's Annual Delivery Plan (ADP) has been developed with a focus on balancing patient safety with finance and staff wellbeing in the context of managing pressures associated with the ongoing global pandemic. A whole system governance structure is established across the NHS Board which continues to oversee and monitor our recovery.

2 INTRODUCTION - THE LANARKSHIRE CONTEXT

NHS Lanarkshire's Annual Delivery Plan (ADP) is a whole system plan and reflects the work underway in relation to recovery and the development of our new healthcare strategy '*Our Health Together: Living our Best Lives in Lanarkshire*' (OHT).

NHS Lanarkshire began the process of developing a new healthcare strategy '*Our Health Together: Living our Best Lives in Lanarkshire*' (OHT) in early 2020. This work was delayed as a result of the challenges associated with managing the global pandemic and work resumed in February 2022. It is anticipated that the Strategy will be available for public consultation in early 2023. As we move towards a recovery phase it is clear the challenges facing the service have never been greater. A longer term strategic vision and approach that moves us forward and delivers a clear route map towards a sustainable healthcare model is vital, particularly given the difficult starting position.

When finalised, OHT will provide a blue print for the future delivery of modern and sustainable healthcare for communities across Lanarkshire. This work will be developed with sustainability at the foundation and through our triple lens of promoting well-being, tackling inequalities and delivering sustainable healthcare, using the International Futures Forum (IFF) 3 Horizon Framework.

2.1 Inequalities in Lanarkshire

Historically, Lanarkshire has a higher burden of disease than most areas in Scotland. People living in Lanarkshire have the second lowest life expectancy in Scotland (NRS, 2020), standardised mortality ratios are above the Scottish average for both men and women, and it remains one of the most deprived areas in Scotland (DPH, 2019). Lanarkshire was impacted by the pandemic from a disadvantaged starting point. It is notable that NHS Lanarkshire has had a consistently higher proportion of cases in comparison to the rest of Scotland as well as higher than average Covid-19 deaths per 100,000 population likely linked to factors such as deprivation, co-morbidities and higher case numbers. The pandemic has compounded pre-existing health inequalities with evidence showing that

Covid-19 has had greater direct and indirect effects on people living in more deprived localities compared to the least deprived (ScotPHO, 2020).

Work is underway to finalise a population health needs assessment of Lanarkshire residents to assess the health and wellbeing needs of adults in Lanarkshire and to make recommendations for future provision of health and care services. This work will inform the development of our new healthcare strategy *'Our Health Together: Living our Best Lives in Lanarkshire'* (OHT) and will include an analysis of the direct and indirect impacts of Covid-19 leading to a better understanding of what we can learn about patients affected by Long Covid and the impact on health inequalities in Lanarkshire. Success will only be achieved by continuing to build on our existing strong partnerships within Lanarkshire to tackle the widening inequalities we have within our communities.

For each deliverable within the ADP Delivery Planning Template we have included an explanation as to how we are addressing the growing health inequalities challenge by prioritising help for those who need it most and supporting those who find it hardest to access our services to do so. The detail included reflects the spectrum of this approach from targeted work to more generic approaches. This work will be further refined as the Population Health Needs Assessment is finalised and informs the development of our healthcare strategy.

3 NATIONAL CONTEXT – IMPACT ON THE DEVELOPMENT OF THE ADP

In order to fully recover and address waiting list backlogs, NHS Lanarkshire needs to exceed pre-pandemic capacity. At this time (July 2022) we have not reached pre pandemic activity levels as we continue to be impacted by significant Unscheduled Care pressures across the hospitals, alongside the continued presence of Covid-19 in the hospitals and the associated pressures this has on our staff and bed capacity. We are involved in conversations and work that will develop a national approach to the management of waiting lists on an NHS Scotland basis. The planned care aspects of the ADP will therefore be further developed as the national position becomes clearer.

4 NHS LANARKSHIRE - ADDRESSING THE SIX 2022/23 PRIORITIES SUMMARY

The information below provides a high level summary of key points and risks to NHS Lanarkshire's delivery of the six SG priorities. Further details of the Lanarkshire approach are provided in the accompanying ADP Delivery Planning Template. However, given NHS Lanarkshire's recent escalation status and the associated impact on recovery, the trajectories provided may have to be re-visited.

In relation to section 4.1 and 4.2, service specific actions have been developed and form part of the action plan within the draft 2022-25 NHS Lanarkshire Workforce Plan which was submitted to SG on 29 July 2022.

4.1 STAFF WELLBEING

The 2022-2025 Lanarkshire Workforce Plan has been developed in line with DL(2022)09 guidance and the new National Workforce Strategy for Health and Social Care in Scotland. The three-year workforce plan was submitted to Scottish Government in draft on 31st July 2022 and reflects our commitment to work in partnership to develop Lanarkshire's Integrated Workforce Plan, and for wider workforce planning in 2022/23 and beyond. The Plan described the work underway/planned across NHS Lanarkshire in relation to staff wellbeing and key highlights are listed below.

- NHS's Staff Health and Wellbeing service continue to offer a tiered model of staff support through department of Spiritual Care and Wellbeing, Salus Occupational Health and Psychological Services.

- All staff involved in delivering this service have been trained in a variety of interventions which will benefit staff experiencing stress, anxiety, burnout and trauma.
- The Occupational Health team continue to actively support the health and wellbeing of staff, through case management, confidential counselling service and management referral process.
- Internal services continue to adapt in line with guidance to support the needs of staff.
- The range of services available are consolidated and available via ¹Your Health Matters page on NHS Lanarkshire's website.
- NHS Lanarkshire continue to fund and deliver a Staff Care and Wellbeing service established in October 2020.
- Staff care and wellbeing support mechanisms have already proven to be effective in supporting our workforce throughout the pandemic and it is important that access to staff wellbeing support remains a focal point as we emerge from the pandemic.
- NHSL sickness absence data indicates that 'Anxiety/stress/depression/other psychiatric illnesses' accounted for the highest proportion of sickness absence pre-pandemic and this position remains unchanged, again emphasising the importance of the need for staff health and wellbeing services.

Whilst a number of initiatives have been introduced to support the health & wellbeing of staff – including services accessible to our independent practitioners and staff in care homes. This includes increasing the visibility of senior leaders through back to the floor sessions designed to increase the range of ways frontline staff can interact actively in the recovery of services and shaping the way forward. However, the difficulties in recruiting sufficient numbers of staff and ongoing public frustration at reduced access to services continues to impact negatively on staff morale.

4.2 RECRUITMENT & RETENTION OF OUR HEALTH & SOCIAL CARE WORKFORCE

The 2022-2025 Lanarkshire Workforce Plan has been developed and was submitted to Scottish Government in draft on 31st July 2022. The Plan described the work underway/planned across NHS Lanarkshire in relation to recruitment & retention of our health & social care workforce and key points are detailed below.

- Recruitment to Registered roles within Nursing and Midwifery teams and medical consultant roles across a range of different specialties remains difficult. NHSL continue to make use of Staff Bank/Locum/Agency staff to support services while these posts remain vacant.
- A dedicated employability lead has been appointed.
- NHSL are currently developing an employability strategy.
- Locally, work is ongoing in collaboration with the newly established Centre for Workforce Supply, to support international recruitment activity. NHSL have recruited 17 Registered Nurses from overseas scheduled to join the Board in June/July 2022.
- Workforce planning to determine further campaigns for International recruitment of Medical Specialties, Allied Health Professionals and Registered Nurses is also underway.
- Acknowledging growing the number of international recruits will require meticulous planning to ensure sufficient resources in terms of infrastructure, capacity and support are available.
- NHSL will continue to explore workforce solutions in line with ongoing national development programmes including (MAPs) commission, advanced practice and Health Care Support Worker Development Programme. For
- Newly Qualified Nurses and Midwives, we will continue to improve and refine the newly qualified nurse process to offer employment opportunities as band four healthcare support workers in advance of the nurses receiving their registration.
- In relation to the **Health and Care (Staffing) (Scotland) Act 2019**, NHSL has a dedicated team who will set out plans to support and ensure successful implementation and delivery of the Act and its guiding principles, this includes establishing an oversight programme group. The team continue to support

programme of work for nationally validated workload and workforce planning and risk assessment tools as well as other locally developed risk assessment tools.

- In relation to the **Workforce Data Analytics**, NHSL developed a Covid-19 dashboard which was updated on a daily basis showing Covid-19 related absence across the organisation and illustrated the growing impact of staff not taking their annual leave during the pandemic. The last year has seen the suite of dashboards available expand to include a demographics dashboard and a weekly workforce dashboard, in addition to the existing monthly and supplementary staffing dashboards. The split of Bands one-four (unregistered) and Bands five and upwards (registered) staffing has also been added into NHSL's suite of dashboards recently. Future dashboard developments include the introduction of a statutory and mandatory training dashboard with a view to provide assurance through information on training compliance.

Despite significant recruitment drives, there are insufficient staff available to fill all the vacancies across the South H&SCP. This is similarly the case in the independent practitioner groups for General Medical Services and Pharmaceutical Services.

Within the Social Care sector, many individuals who may previously have pursued a career in 'care' are now choosing higher paid occupations with a view to better meeting the challenge of increased economic pressures being faced by families. Whilst this means people leaving the social care sector altogether, there is also significant movement across the sector without overall additionality.

4.3 RECOVERING PLANNED CARE

Health & Social Care Partnership – Planned Care Services

An ambitious programme of transformational change is underway to address future demand with revised models which build on the whole system approach. This work builds on the importance of the community and voluntary sector role in supporting prevention and early intervention as well as requiring change to the way core services are delivered. While this work is welcomed and is being approached with enthusiasm by all stakeholders, it also presents challenge in achieving change through a difficult time.

Despite the significant staffing challenges there has been some improvement across a range of Allied Health Professional (AHP) services with regard to recovering performance towards the levels that existed pre-pandemic.

In relation to 'recovery' in primary care, much of this will be dependent upon recovery system wide as the GPs are currently having to continue to manage those unable to access planned care/ secondary care resulting in greater demand than was the case pre-pandemic.

Similarly, required systems of infection, prevention and control results in revised pathways to access primary care.

Acute – Planned Care Services

NHS Lanarkshire will continue to recover services across planned care, including, inpatient / day case, outpatients, diagnostics and cancer services. A key focus will be on the reduction of long waits to achieve the revised waiting times milestones announced by the Cabinet Secretary for Health & Social Care on 6th July 2022.

These are the **elimination** of:

- two year waits for outpatients in most specialities by the end of August 2022
- 18 months for outpatients in most specialities by the end of December 2022
- one year for outpatients in most specialities by the end of March 2023
- two years for inpatient / day cases in most specialities by the end of September 2022

- 18 months for inpatient / day cases in most specialities by the end of September 2023
- one year for inpatient / day cases in most specialities by the end of September 2024

Recovering inpatient and outpatient core capacity;

- returning core Outpatient capacity to 100% pre- Covid activity levels by September 2022
- returning core Theatre operating capacity to a minimum of 90% pre Covid activity Levels by March 2023

Maximise internal and external Outpatients and Inpatient / Day case capacity by;

- establishing additional internal waiting list activity across specialties where possible.
- accessing insourcing capacity (Sirona, Medicare and Aberdeen Group)
- insourcing theatre teams (Sirona) to support inpatient and Day case treatment in ENT, Urology, General Surgery and Gynaecology
- maximising outsourcing access to Ross Hall, Nuffield and Kings Park
- accessing national allocations at Golden Jubilee, National Treatment Centres (NTC), and Mutual Aid were available.
- adopting national solutions to address capacity gaps in specialties with significantly long waits (ENT, Urology, OMFS and General Surgery)

Collaborate with the Centre for Sustainable Delivery (CfSD) and other Health Boards to implement alternative ways of working such as;

- Heat map development building on current successes with ACRT, PIR and specialty pathways.
- ongoing development of staff in advanced practice and extended roles (for example in cancer services and Peri-operative care)
- use of revised clinical pathways such as Qfit scoring, cytosponge and colon capture technology
- continue to develop projects to engage with long waiting patients, addressing their changing needs. (for example, the Orthopaedic service is providing patient review and health assessment of patients waiting over 26 weeks for joint surgery)
- utilizing technology and new techniques such as Robotic Assisted Surgery which, combined with a ERAS approach offers a much better patient experience, clinical outcomes and shorter stay in hospital.

Improve cancer / diagnostic waiting times by;

- ongoing use of a mobile endoscopy unit (Vanguard) to provide increased capacity
- refurbish clinical space in endoscopy to recover core capacity
- provision dedicated Radiology sessions in MRI and CT for cancer patients
- improving flow of cancer pathways to meet 31 / 62 targets via a range of projects including; expansion of SACT, the introduction of a vague symptom team and improved patient tracking and reporting for all cancers.

There are a number of significant risks to delivering these ambitions:

- Workforce – recruitment and ongoing staffing gaps across specialties present significant challenges to delivery of planned care
- impact on planned care capacity from unscheduled care activity (beds staffing, ITU / HDU)
- limitations of existing buildings to increasing available clinical space (theatres / beds)
- Impact of Covid-19 / winter pressure
- Financial Pressures – affordability is essential to plans presented and funding will be required to deliver the activity identified.

4.4 STABILISING & IMPROVING URGENT & UNSCHEDULED CARE

NHS Lanarkshire has identified 3 priority areas of focus for stabilising and improving urgent and unscheduled care. These are: Acute Front Door Model; Re-design of Urgent Care including Community Care 24/7 and Discharge without Delay and further information on each is provided below. This approach has been discussed with SG colleagues who confirmed that they were supportive of the 3 priority areas outlined. Planning meetings are now being arranged with NHS Lanarkshire and HSCP representatives to attend learning sessions and participate in regular progress review meetings with SG colleagues.

Acute Front Door Model

The NHS Lanarkshire system remains challenged in achieving the 4-hour access target. The reasons for this are multifactorial and include workforce availability (sickness, isolating, limited ANP pool, trainee allocations), along with demand and capacity and the limited footprint of the ED and assessment area. A review of processes and pathways across all front door areas is currently underway and proposals are in place to progress this work. Work is also underway across communities to admission avoidance through home first/ home assessment teams and end of life pathways. The whole system approach to adopting a Home First model is supporting change within acute services, within each of the HSCPs and with third and independent sector partners.

Redesign of Urgent Care (RUC) including Community Care 24/7

Plans are in place to review the form and scope of the existing Flow Navigation Centre (FNC). This will include exploring additional areas the FNC can support and positively impact on urgent and unscheduled care provision. In addition, work will be undertaken to scope requirements for a community and social care 24/7 urgent care response model across the system. If Lanarkshire decides to implement this model, we will ensure that there is a connection between this system wide approach and existing programmes (such as Primary Care Out of Hours (OOHs) redesign and Primary Care Improvement Plan).

Development of an acute and community Outpatient Parenteral Antibiotic Therapy (OPAT) and Respiratory pathways is progressing. The Outpatient Parenteral Antibiotic Therapy (OPAT) and Respiratory work streams are already underway and business cases developed for enhancing the pathways for these conditions. While Lanarkshire began scoping in relation to Frailty services in August, the focus will primarily be on OPAT and Respiratory over the next 2 quarters.

Hospital at home (H@H) in Lanarkshire is under review as part of recovery plans. Work is also underway to establish the model for the Clydesdale locality. H@H provides cover for 8 of the 10 localities across Lanarkshire. (Camglen and Clydesdale currently do not have cover). The rural nature of Clydesdale provides an opportunity to see how the H@H model can adapt to a rural model. Investment in Hospital at Home services and enhanced nursing services is increasing the opportunity to support people with complex care needs at home.

Discharge Without Delay (DWD)

Discharge Without Delay (DWD) is a priority for all three of NHS Lanarkshire's acute hospitals. The key areas for development are: review of PDD / Patient Carer involvement; single version of the truth in relation to discharges across the acute sites; development of Patient/ Carer Passport; development of Internal Professional Standards - initial work in relation to implementation of discharge policy; care at home / home support plans are underway in north and south to increase capacity and reduce any delays due to availability; and development of Home First Teams South and North.

Prior to 2019 Lanarkshire had the highest referrals, demand for care and delays in Scotland. This trend has shifted due to the work of DWD/PDD. Further work is needed to embed this approach to improve flow across acute and community which will directly complement the work currently underway at the front door at each of the acute sites.

Other points to note include:

- **Urgent in hours and OOHS primary care** is included as part of our new and updated urgent care recovery structures. We know that there is significant pressure across Primary Care and we continue to work closely

with our colleagues across the system as they manage increased demand from patients on waiting lists for extended period as a result of the pandemic. We know that services will continue to be delivered in different ways e.g. by phone, IT or face to face and we therefore recognise the importance of developing communications and engagement to share this information with communities but be able to respond flexibly in a person-centred way to concerns and anxieties expressed by this.

- **Representation on the Urgent Care Recovery structures** reflects our whole system approach to support the development on an integrated approach to urgent and unscheduled care.
- Work progresses in the **development of the new GMS contract** and this will provide some further opportunity to better manage urgent care in a primary care context. Key among this is the recruitment and training of a new Advanced Nurse Practitioner (ANP) workforce. This has been successful to some degree in that the service has had significant progress in being able to recruit and train these staff. However, once trained, the ANP workforce are very desirable and often move to new roles very quickly post qualification and, in turn, this means that the service has not been able to grow as intended.
- Work to develop an **Advanced and Specialist Practice Strategy** is underway across Lanarkshire, recognising that this is a key workforce in supporting delivery of our plans.
- **Pharmacy Services** also provide essential local services and work is underway to explore the impact of these services.
- The **Public Dental Service** is reliant on acute services being able to re-instate the same level of access as existed prior to the pandemic to be able to manage ongoing demand. The Service is also looking to access 'mutual aid' to identify sufficient capacity to address the current backlog. Detail of this is currently being worked through with a view to identifying when the backlog might start to be addressed.

4.5 SUPPORTING & IMPROVING SOCIAL CARE

Some progress has been made in the establishment of the Discharge Without Delay/Home First teams, however this is tempered by the difficulties in recruiting care at home staff which is being experienced both nationally and locally. Progress is, therefore, not as extensive as it might have been.

One of the greatest areas of focus throughout the pandemic has been around supporting the Care Home sector, covering key areas of work such as testing, outbreak management and ongoing surveillance; infection, prevention and control including PPE and cleaning requirements; education and training; supportive reviews and visits; workforce requirements and supply of mutual aid.

Activity is supported and monitored through the Care Home Assurance Group which was initially established on 23rd April 2021. The group was expanded to include Chief Social Work Officers, Chief Officers and the Medical Directors. The group has also undertaken a thematic analysis of Care Homes, identifying support needs around access to updated HPS guidance; management of outbreaks; standard infection prevention and control measures; and staff support around mental health and wellbeing.

4.6 SUSTAINABILITY & VALUE

A Strategic Commissioning Plan Programme Board has been created to maintain a whole system approach to achieving the ambitions of the HSCP alongside recovery plans. Delivering within time limited additional resource to achieve change to core models and functions in the longer term is a key task of this group.

Finance

Significant work has progressed to develop NHS Lanarkshire's 3-Year Financial Plan which was submitted on 31 July and will be reported on separately.

5. SUMMARY

Recovery within NHS Lanarkshire remains steady and our progress and plans are detailed in this document and the accompanying template. The rate at which we can recover continues to be impacted by unscheduled care challenges and the on-going presence of Covid-19 in our hospitals and communities. In this respect the Board moved back into an escalated Code 'Black' status given the on-going pressures across the whole system. These unprecedented pressures continue to be our biggest risk to progressing our recovery plans at pace as we continue to balance patient safety, finance and staff wellbeing in the context of delivering services and progressing recovery.

The need for a longer term plan that supports recovery and delivers transformed models of care is recognised. The work we are progressing to develop our healthcare strategy, *Our Health Together* is therefore timely and provides a mechanism for us to work with and engage our communities around the current challenges. This engagement will inform the development and delivery of sustainable healthcare models and will inform future iterations of our ADP.