

NHS Board  
25 January 2023

Lanarkshire NHS Board  
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## SUBJECT: MID YEAR REVIEW WITH CABINET SECRETARY

### 1. PURPOSE

This paper is coming to the NHS Board

For approval	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Noting	<input checked="" type="checkbox"/>
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### 2. ROUTE TO THE NHS BOARD

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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by the Board Secretary.

### 3. SUMMARY OF KEY ISSUES

This paper, and the attachments, provides Board Members with an update on the outcome of the Mid-Year Review held in December 2022. A copy of the letter from the Cabinet Secretary dated 12 January 2023, following the Mid-Year Review with the Board Chair and Board Chief Executive on 19 December 2022, is attached. An action list will be discussed further with identified leads, updated to include commentary and timescales, agreed by the Corporate Management Team, and monitored at regular intervals. Updates will be provided to the Planning, Performance & Resources Committee.

The main focus of the Review was resilience and recovery of local services, in the context of the ongoing Covid pandemic, as well as a discussion of a wide range of issues such as workforce, unscheduled care & delayed discharges, planned care waiting times, cancer services, and community and primary care services, including Mental Health Waiting times and access to GP appointments, and drug deaths in Scotland.

At the Mid-Year Review, and confirmed in the letter, the Cabinet Secretary made a number of very positive statements about consistent dedication of the workforce, under unrelenting pressures over the past three years, and his deep appreciation for all their efforts. He concluded the letter by stating

**“I want to conclude by reiterating my sincere thanks to local staff for their sustained professionalism and commitment, in the face of unprecedented and unremitting pressures, for the benefit of local people.”**

#### 4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input type="checkbox"/>	AOP	<input type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

#### 5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

*Three Quality Ambitions:*

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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*Six Quality Outcomes:*

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

#### 6. MEASURES FOR IMPROVEMENT

The actions identified will be tracked and updated at regular intervals by the Corporate Management Team, and updates provided to the Planning, Performance & Resources Committee.

#### 7. FINANCIAL IMPLICATIONS

None.

#### 8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

None.

#### 9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input type="checkbox"/>	Effective partnerships	<input type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>				

**10. EQUALITY AND DIVERSITY / FAIRER SCOTLAND DUTY IMPACT ASSESSMENT**

Has an E&D /FSD Impact Assessment has been completed?

Yes

No

**11. CONSULTATION AND ENGAGEMENT**

At this stage the paper and appendices have been shared with the Corporate Management Team, and the action list will be developed further following feedback from leads on timescales, and updated at regular intervals.

**12. ACTIONS FOR THE NHS BOARD**

The NHS Board are asked to:

Approve	<input checked="" type="checkbox"/>	Gain Assurance	<input type="checkbox"/>	Note	<input checked="" type="checkbox"/>
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**13. FURTHER INFORMATION**

For further information about any aspect of this paper, please contact;

Name: Paul Cannon  
Designation: Board Secretary  
Telephone: 01698 752868

Appendices

- 1 Letter from Cabinet Secretary dated 12 January 2023



E: [cabsechsc@gov.scot](mailto:cabsechsc@gov.scot)

Martin Hill  
Chair  
NHS Lanarkshire

Via email: [martin.hill@lanarkshire.scot.nhs.uk](mailto:martin.hill@lanarkshire.scot.nhs.uk)

12 January 2023

Dear Martin

## **NHS LANARKSHIRE MID-YEAR REVIEW: 19 DECEMBER 2022**

1. Thank you for attending NHS Lanarkshire's Mid-Year Review with Jann Gardner, the Board's Chief Executive, on 19 December via video conference. I was supported in the discussion by John Burns, Chief Operating Officer of NHS Scotland. The focus of the agenda was the resilience and recovery of local services, in the context of the ongoing Covid-19 pandemic, and I am writing to summarise the key discussion points.

### **Finance**

2. You confirmed that, in 2021-22, the Board delivered a balanced financial outturn in 2021-22 following the receipt of support for Covid-19. £1.9 billion of additional funding was allocated to NHS Boards and Integration Authorities in 2021-22 to meet Covid-19 pressures; NHS Lanarkshire and the local Health & Social Care Partnerships received £140.1 million of this funding.

3. For 2022-23, NHS Lanarkshire's baseline resource budget had increased to over £1,346.8 million. As at month 7, the Board is forecasting an end-year deficit of £23.9 million. You assured us that the Board remains focused on the need to improve on the position as far as possible and has established financial recovery and scrutiny assurance groups which are looking at all the expected areas for cost efficiencies. We also recognised the significant, ongoing pressures on the Board's finances: in addition to Covid, risks carried over into future years include pay pressures and agency costs, the waiting times backlog and prescribing costs; alongside the impact of inflation.

4. NHS Lanarkshire's PFI contracts also involve considerable costs (around £54 million annually), with increases linked to the RPI measure which stood at 14.2% last October, alongside complex cross boundary patient flows and associated costs. The Government will continue to work with the Board to monitor your financial position and assist with longer term financial planning; you confirmed that this longer-term work will be based on making changes to sustainably improve patient flow across the system. It will be important that you are able to assure us in relation to the savings programmes that you have in place and how you are continuing to monitor delivery against these.

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## Workforce

5. I would want to, once again, formally record our deep appreciation to all local health and social care staff for their consistent dedication, under unrelenting pressures over the last three years; and to give them an assurance that we will continue to do all we can to support them.

6. You confirmed that the Board has continued to experience significant challenges across both planned and unplanned activity, with staffing issues across the system directly impacting on admission and discharge from acute settings. For the week ending 6 December, NHS Lanarkshire's overall rate of absence was 18.4%; higher than NHS Scotland's average overall absence rate of 15.7%. You confirmed that a number of areas across the system are working to reduced staffing levels or a reduced skills mix. Targeted support is being provided by the Board in nursing/midwifery and support services, which are regularly the highest job family for sickness absence; as noted above, issues are related to the service pressures including beds consistently being used at or around full capacity.

7. As of June 2022, the Board reported a vacancy rate in line with the national average for nursing/midwifery and AHPs but was almost double (13.7% vs 7.0%) for medical/dental consultants. You confirmed that the high use of agency staff is an area of concern for the Board; not just in terms of cost but also the continuity of care provided by staff who can be unfamiliar with local processes and procedures. You explained that the Board has invested in a dedicated website and other measures as part of a campaign illustrating why NHS Lanarkshire is an attractive employer with strong career development opportunities. We will keep the Board's plans to improve the position, including measures to maximise international recruitment, under close review.

8. At the national level, the Government's [Winter Resilience Overview](#), backed by £600 million of funding, includes supportive measures for recruitment and retention; such as the recruitment of 1,000 additional staff over the course of this winter, including £8 million to recruit up to 750 nurses, midwives and allied health professionals from overseas, as well as 250 support staff across acute, primary care and mental health; and flexibility for Health Boards to offer 'pension recycling', where unused employer contributions can be paid as additional salary, to support the retention of staff. We have also recently published the National Interim Arrangement on *Retire and Return*, which makes it easier for experienced staff to take up part-time work once they have retired.

9. We remain very conscious of the cumulative pressures on the health and social care workforce and recognise the full range of actions NHS Lanarkshire is taking in terms of the wellbeing and resilience of local staff. You confirmed that the Board has established a range of support measures for staff in order to promote personal resilience, help prevent mental health issues developing, and to promote overall wellbeing in the workplace, not least in light of the current cost of living crisis. This had formed the basis of the Board's staff wellbeing strategy, launched at the end of October. These measures will also be material in terms of the local staff recruitment and retention efforts. Further to this, we had previously noted the positive engagement and contributions of the local Area Clinical and Partnership Forums. The Board will need to continue to harness this, maximising staff support and engagement through winter and into the longer-term recovery and renewal phases.

## Maintaining Covid and other resilience

10. Given the scale of the escalating cost crisis, combined with the continued challenge and uncertainty posed by Covid, and a resurgence of seasonal flu and other respiratory illnesses, this winter is emerging as the most difficult our NHS has ever faced. We also remain conscious that most NHS Boards, including NHS Lanarkshire, have already faced a sustained period of unprecedented pressures on local services, particularly at the main acute sites. As noted above, there have been high attendances coupled with increased acuity, alongside limited staffing and bed capacity.

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11. It was reassuring to hear the Board's ongoing commitment to working collectively with planning partners to effectively manage and respond to Covid and other challenges; ensuring the safe management of local demand and capacity, as far as possible. You provided assurances that good practice and lessons learned from last winter have been embedded into local systems and processes; and that robust arrangements are in place underpinning the local approach to staffing, modelling, communications, service resilience, escalation and surge planning; in line with the national Winter Resilience Overview. We have jointly agreed a number of overarching priorities with COSLA which will help guide our services this winter, and these measures will support resilience across our health and care system, ensuring people get the right care they need in the most appropriate setting.

12. Nonetheless, the Board has experienced consistent, long-standing pressures around capacity at its three acute hospitals since October 2021 with the associated 'Code Black' status being the subject of considerable local media and Parliamentary interest. I had taken part in some of the Board's associated briefings of local elected representatives, and we would discuss the key issues further under the unscheduled care section of the Review (noted below).

13. One of our key lines of defence this winter, protecting both vulnerable individuals and the system against further pressures, is the vaccination programme for seasonal flu and Covid-19. You confirmed that the local programme began on 5 September, focusing initially on care homes, frontline health and social care workers and home visits. Appointments for the general public had begun shortly after and the Board had been exceeding modelled estimates for both Covid-19 and seasonal flu boosters with a substantial proportion of vaccinations being co-administered. Local staff are to be commended for their tremendous efforts in this respect.

### **Unscheduled Care & Delayed Discharge**

14. As noted above, NHS Lanarkshire has been experiencing sustained pressures across services. Local A&E standard performance remains extremely challenged. The position over recent months is unprecedented and the reasons are complex, including significant workforce pressures, limited bed capacity, delayed discharges and increased acuity.

15. 12-hour breaches of the A&E standard are a significant issue for the Board: for the week ending 11 December, the Board had 190 12-hour breaches (the third highest in Scotland and 15% of the national total) compared to 233 the previous week; 50 in the equivalent week in 2021, and 69 from the equivalent, pre-Covid week in 2019. Against the 4-hour standard, the Board reported 52.3% for the week ending 11 December (50.1% at University Hospital Wishaw), against the national average of 62.3%. The Board reported 51.1% the previous week; 60.5% in the equivalent week in 2021, and 73.6% pre-Covid performance in the equivalent 2019 week.

16. The national unscheduled care improvement team continues to work with the Board and are providing tailored support, including a focus on effective patient flow and discharge planning at the acute sites. Most recently, the national team had been attending in support three times a week at University Hospital Wishaw, which had been under considerable pressures as the Board's main trauma site. We continue to work with all Boards, including NHS Lanarkshire, to reduce pressure on hospitals and improve performance; not least via the £50 million Urgent and Unscheduled Care Collaborative programme, which supports further development of Flow Navigation Centres to ensure rapid access to a clinician and scheduled appointments; offers alternatives to hospital, such as *Hospital @ Home*; and directs people to the most appropriate urgent care settings. You reiterated that the Board is, in the medium term, committed to learning from and benchmarking local services against, the best performing unscheduled care and associated services across the UK, including NHS Tayside. In the interim, NHS Lanarkshire remains committed to making substantive and sustained progress as quickly as possible, such as easing pressures on acute services via the recent programme of extended weekend opening of local GP services.

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17. Whilst we noted that the Board and its planning partners are fully engaged with the national unscheduled care programmes of work, we agreed that the current level of performance against the A&E standard is not acceptable, particularly in relation to the longest delays, and has to be addressed as a matter of priority. We will keep progress under close review and look to the Board to deliver sustained improvement.

18. We noted that progress continues to be made in reducing both the number and rate of delayed discharges in North and South Lanarkshire. Partners understand that further progress requires them to embed a planned date of discharge for all patients, as close to admission as possible. Improvement will be essential in order for the Board to significantly improve A&E standard performance; and also, to sustainably deliver on its scheduled care and cancer targets. A notable element of the *Discharge without Delay* programme is the application of the *Home First* approach, as with the extension of the South Lanarkshire programme. It is notable that, between May and September, 94% of all patients from South Lanarkshire were discharged without delay. This excellent programme is rightly receiving national recognition, including winning the Integrated Care Award at the 2022 Scottish Health Awards.

### Planned Care Waiting Times

19. We 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. We continue to assist NHS Boards with 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; and last year's [annual progress update](#).

20. NHS Lanarkshire continues to recover planned care services, despite persistent workforce and other challenges. In July 2022, I announced targets to eliminate long waits for planned care across Scotland and I was pleased to note that there were no outpatients waiting over 104 weeks in Lanarkshire. Concerted work for the delivery of the 78-week target by December was underway, though I noted that modelling had indicated general surgery will be the area of most challenge. Indeed, further outpatient recovery continues to be impacted by staff availability; competing emergency pressures; and the clinical need to prioritise the urgent and cancer caseload. For inpatients and day cases we once again recognised the progress made and the significant impact of workforce pressures; in particular, affecting staffing and activity in theatres. The Board had 725 patients waiting over 104 weeks at the end of September; though, in 11 out of 17 specialties, there were no patients waiting over 104 weeks. As at the end of October, 26.7% of patients were waiting over 52 weeks for surgery with the greatest numbers in general surgery, orthopaedics, gynaecology, ENT and urology.

21. At the national level, and as noted above, the Centre for Sustainable Delivery continues to work with NHS Boards to introduce new and innovative ways of delivering care that will create additional capacity for inpatient, day case and outpatients, building on the success of initiatives such as the *Near Me* programme, which regularly delivers around 40-50,000 consultations per month nationally.

22. You confirmed that work continues to maximise available capacity. There is ongoing development of the NHS Lanarkshire heat map in collaboration with the Centre for Sustainable Delivery alongside development of plans to improve theatre flow and efficiency. Robotic assisted surgery is now established locally in colorectal surgery and the urology service is currently training surgeons. Improvements in local diagnostics include: the modular endoscopy unit at University Hospital Hairmyres; the work to develop a regional out of hours interventional radiology model; and alternatives to endoscopy (e.g. cytosponge) have been introduced. Whilst recognising that the current pressures are significant across the local health and care system and may be exacerbated over this most pressured of winters, we were assured by the Board's continuing commitment to sustained improvement in elective waiting times performance; particularly in relation to the longest waits, which we will keep under close review.

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## Cancer Waiting Times

23. The management of cancer patients and vital cancer services has remained a clinical priority during the pandemic. NHS Lanarkshire achieved the 31-day waiting time target in the second quarter of 2022 but, as with most Boards, has struggled to meet and maintain the 62-day target; which was last achieved in the first quarter of 2020. You provided assurances that cancer patients continue to be prioritised for treatment; and that any patient whose surgical treatment is deferred due to capacity constraints is rescheduled as quickly as possible. Nonetheless, we recognise that the Board faces challenges in the diagnostic pathways for several tumour groups, including radiological imaging and endoscopy. NHS Lanarkshire continues to embed the Framework for Effective Cancer Management with action plans focused around 8 priority areas; to ensure local performance can be improved. The Government's cancer team will continue to provide support and keep progress under close review.

## Mental Health Waiting Times

24. For Child and Adolescent Mental Health Services, the latest local performance (July to September 2022) against the standard was 34.1% (the national average was 67.9%); and a significant decrease from 67.7% in the previous quarter. We discussed what, on the face of it, was poor performance including that, as of September, the data shows that the number of local patients waiting over a year was 743, representing around 59% of the overall national figure. You explained that the situation was complex and that improvements in the service (including the local workforce increasing 62.7% since the quarter ending March 2021 and an overall reduction in the waiting list size of around 20%) were yet to be reflected in the waiting standard publications; and that the alarming figures from the latest quarter had been compounded by issues around data quality. I was assured that we could expect to see significant improvements in performance against the standard as these issues were addressed and noted that the Minister for Mental Wellbeing & Social Care would be following this up with the Board Chief Executive.

25. In terms of Psychological Therapies, local performance against the waiting standard in the quarter ending September 2022 was 83.5% (the national average was 80.7%); and an increase from 85.0% in the previous quarter. The Board had shown over the course of the year that the improvement activities undertaken have proved successful as we have seen the waiting list reduce overall and there are no local waits over one year. As such, I welcomed the Board's assurance that you expect to meet the 90% standard by March. The Government's mental health performance team will continue to work closely with the Board to monitor progress; to help address any emerging issues and to provide any additional support.

## National Drugs Mission

26. We recognise that the level of drug deaths across Scotland remains unacceptably high and are leading a National Mission to reduce deaths and save lives, supported by an additional £250 million of investment by the end of the current Parliamentary session. You confirmed that developing ways to address problem substance use is one of the most significant public health challenges in Lanarkshire.

27. We are investing in services and approaches based on the evidence of what works. This includes working with every locality in Scotland to embed the Medication Assisted Treatment (MAT) Standards, to enable the consistent delivery of safe, accessible, high-quality drug treatment everywhere in Scotland. We noted the progress made since April 2022 with the local Integration Authorities submitting plans to implement MAT standards 1-5 by this April. We also commended the Board and its planning partners for the consistently strong local performance above the national 90% target to ensure waits under 3 weeks to access treatment for alcohol and drugs. As with all priority areas, we will keep progress under close review.

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## Access to GP appointments

28. I was conscious that there have been concerns raised by local MSPs about access for their constituents to GP appointments and you assured me that improving appropriate access is a priority for the Board and its planning partners. I had written to all GP practices in November encouraging them to ensure there is an appropriate mix of pre-booked, same day, face to face and remote appointments that suits individual practice populations. As noted above, I was also pleased with the recent local efforts to offer access for local GP appointments at weekends; not least in how this could contribute to minimising unnecessary presentations to the already overstretched local A&E Departments.

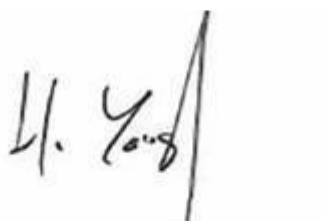
## Local Strategy

29. 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. It was therefore pleasing to note that NHS Lanarkshire is making progress on your longer-term strategic outlook and priorities, through *Our Health Together* which you explained, when complete, will deliver a route map to sustainable health and social care for the population of Lanarkshire. I look forward to seeing how the local strategy is further developed following an engagement process that is scheduled to be conducted during 2023.

## Conclusion

30. I hope that by the time of the next Board 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 difficult 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 to provide as much support as possible. I want to conclude by reiterating my sincere thanks to local staff for their sustained professionalism and commitment, in the face of unprecedented and unremitting pressures, for the benefit of local people.

Yours sincerely



**HUMZA YOUSAF**

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