

2 May 2023

NHS Lanarkshire Evidence Pack

Contents:

1. With respect to the [Board performance escalation framework](#), a read-out of the Board's current status and its business case (including specific actions, allocated resources and how outcomes are being evaluated) for addressing:

- **Financial sustainability**

In 2022/23 the Board expects (subject to audit) to be able to show a break even position, with a forecast deficit for 2022/23 of £0.202m.

However, for 2023/24, while there are still some uncertainties around the full picture of funding (such as pay awards) income available in 2023/24, is expected to show a gap to £56.505m in year. To address the anticipated shortfall between income and expenditure we have established a Value & Sustainable Programme Board, which has already identified more cost effective approaches that could potentially deliver circa £22m.

This represents a structured approach, reflective of work underway at national level, with the intention that all significant areas of expenditure are reviewed to identify opportunities for cost reduction (or income generation). The Director of Finance links closely with the national financial improvement programme feeding in any useful benchmarking or opportunities to the relevant local group.

- **Mental Health Services**

Psychological Therapies (PT) – the Board was on target to meet the RTT when the pandemic hit. With lockdown, waiting times grew significantly, however a recovery plan was put in place in 2021. In February 2021, over 100 patients waiting over 52 weeks for PT, compared with Jan 2023, no patients wait 0 > 52 weeks. 90% of patients should commence PT within 18 weeks of referral, by 31 March 2023 = 85.21%. Performance continues to improve, but challenges are clinician vacancy rate 8%, increased complexity of cases – currently focussed work to determine complexity and consequences of such (increased severity of presenting difficulties and effect on functioning).

Child & Adolescent Mental Health Services (CAMHS) – a waiting list initiative was agreed in 2022 and continues with a steady downward trajectory in the number of children and young people who are waiting to be seen. It is planned to continue in collaboration with implementation of Choice and Partnership approach (CAPA) and modelling indicates monthly incremental improvements in waiting times as a result. From 22nd August 2022 - 7th April 2023, the waiting list initiative has offered an additional 1,451 appointments. It is anticipated that the backlog of patients waiting over 12 weeks will be limited by summer 2023.

- **Elective waiting times**

In relation to Outpatients, as at 17th April 2023, NHS Lanarkshire reported 149 patients were waiting over 104 weeks, 1,010 patients were waiting over 78 weeks and 4,256 patients were waiting over 52 weeks for an outpatient appointment. Although there are areas of specific specialty pressures, NHS Lanarkshire continues to perform reasonably well nationally, relative to population share, in the

management of long waits for outpatients. NHS Lanarkshire is operating overall at over 70% of pre covid outpatient activity. The ongoing pressures on unscheduled care and covid patients in Acute Hospitals (as at 24 April 2023, 91 patients across three Acute Hospitals) is impacting on this performance metric.

In line with the interim waiting times milestones there are no patients waiting over 104 and 78 weeks in most specialties. Specific pressures are evident in general surgery.

NHS Lanarkshire is working with the National Elective Coordination Unit (NECU) at the Golden Jubilee, to undertake administrative validation of all patients waiting over 26 weeks in key specialties, initially general surgery, urology, ENT and gynaecology. Based on previous similar national exercises this is expected to lead to around a 5% removal rate from these waiting lists, based on patient preferences.

In relation to Inpatients in March 2023, 44% of patients were treated within 84 days. 25% of patients are waiting over 52 weeks for surgery with the greatest number of patients waiting in general surgery, orthopaedics, gynaecology, ENT and urology.

2. Latest status and trends in relation to staff turnover, vacancy numbers (broken down by discipline and length of time positions have been unfilled) and workforce planning (including up-to-date figures on numbers of staff choosing to leave the profession).

The number of staff in post has risen but around 400 WTE since to 31 March 2023 from the position reported in the last quarter. There was a notable reduction in leavers in the month of March 2023 versus March 2022 (fewer than half as many). This could be related to staff requiring to be in post on 1 April for the non-consolidated one-off payment and therefore may see a fall at the end of April. This is in the context of a total staff complement of 12,535 wte.

This has led to a decrease in vacancies across the Board however this is accounted for by that fact that there was no funded establishment allocated for Covid Vaccination programme. It should be noted that this service has approximately 185 wte in post. This leads to an over-established position within Administrative Services and a lower vacancy rate across the Board.

Recruitment activity continues, however turnover is higher than planned. A new exit survey has been rolled out over the last month to capture greater detail and themes on reasons for leaving. This is emailed directly to leavers 2-weeks prior to leaving. This has generally increased as a result of the pandemic, both by the nature of some of the fixed-term posts which were introduced but also as Health Boards across the country began to recruit in response it opened up a number of opportunities for colleagues across Scotland.

Use of supplementary staffing and agency remain stable, reflective of the current pressures across service, however there is a focus on reducing nurse agency usage.

Total absence has increased, currently at 27%, and therefore remains above the 22.5% threshold. This was in part driven by higher than normal annual leave usage during public holiday periods (annual leave reports include public holidays).

Sickness Absence remains well above plan at 8% (target is 4%), however it has reduced from the peak in December of 9%. Focussed work between Human Resources and colleagues in the service is underway to aim for a sustainable reduction. Sickness Absence by job family shows that the highest is in Support Services (12%), Nursing and Midwifery is next (9%), and other groups range from 5% - 8%.

3. A brief overview of key issues facing your Board and priority actions you would like to see the Scottish Government taking to address these.

### **Replacement of University Hospital Monklands**

The Outline Business Case for the development of a new University Hospital Monklands at Wester Moffat has been submitted, and is being actively considered within Scottish Government. This is a key aspiration for the Board as the existing Hospital needs to be replaced. It is now the oldest Acute Hospital in Scotland and maintaining high quality services is a significant challenge in unsuitable buildings and with an ageing infrastructure.

### **Unscheduled Care**

Our three Emergency Departments (EDs) continue to experience significant pressures due to capacity challenges across the whole health & care system. Consequently, we implemented a nine-day firebreak with the key objective of stabilising our system by reducing occupancy levels to below 100%. The Firebreak ran from Thursday 23rd February until Friday 3rd March 2023, including the weekend period.

The Firebreak made a significant impact across our system by successfully reducing occupancy levels to 94% (from 105%) and led to notable improvements in patients being seen within the four-hour emergency standard (71.1% at end of Firebreak compared to 49.7% prior to commencement).

Prior to Firebreak, 14% of our patient discharges went home before noon and during the Firebreak period this increased to 25%, creating early flow thorough our Acute sites, underpinned by the implementation of the Flow Foundation Bundle and Pathway.

We doubled the number of patients looked after via our Hospital @ Home service with the additional workforce and 215 patients were redirected away from our Emergency Departments by the Senior Clinical Decision Makers within the Flow Navigation Centre, during the Firebreak period. However, in order to sustain these improvements additional investment may be required to stabilise the whole system.

### **Workforce challenges**

In common with all NHS Boards workforce sustainability is and will continue to be an ongoing issue.

This has been compounded in the Acute Hospital setting, in the short term because of the need to open and staff additional beds to minimise the pressure on our Emergency Departments, inpatient wards and elective programme. Workforce challenges are also manifest in the health & social care setting, and within Allied Health Professionals. Our continued reliance of agency staffing (in particular in nursing) is causing a significant cost pressure. Increased levels of short notice sickness within both nursing and medical staff have caused additional pressures.

### **Primary Care – practice sustainability issues**

Work continues to support GP Practices with the ongoing service and workforce pressures they are experiencing. An early assessment of activity within Primary Care suggests this is very significantly above pre-pandemic levels.

NHS Lanarkshire has no 2C GP Practices (i.e. the Health Board manages the Practice) but this is likely to be a pressures as 5 GP Practices have handed back contracts in the last 6 months and 2 more are thought to be considering doing so. NHS Lanarkshire has over 100 GP Practices in the Board's area.

### **Outpatients (12 weeks) & Inpatient Treatment Time Guarantee (18 weeks)**

In relation to Outpatients, General Surgery is the single biggest pressure (60% of all patients waiting over 52 weeks, and 90% of all patients waiting over 78 weeks are in General Surgery). We are addressing this with other NHS Boards, the independent sector and the Golden Jubilee National Hospital to identify any capacity for patients to be seen out with NHS Lanarkshire.

In relation to Inpatients, pressures are evident in the following specialties - Urology, Orthopaedics, ENT, Gynaecology, and General Surgery, albeit pre-covid activity is around 70%. The local target is 85% of pre Covid activity levels overall by September 2023.

### **Prescribing Costs pressures**

The Integration Joint Boards are experiencing a rise in prescribing costs in excess of funding growth. We are focussing on ways to make prescribing more cost effective to limit the impact on other health services. If reasonable progress with this is made the combined gap of £10.455m in the IJB health budgets is expected to be managed in year by a combination of non-recurring underspends due to turnover and use of reserves.

### **Delayed Discharges**

The Firebreak undoubtedly made a significant impact on the flow of patients and reduced the numbers of patients waiting beyond their Planned Date of Discharge. February census data shows North Lanarkshire is below the Scottish average in terms of rates of delay for the overall adult population and in a similar position for 75+ delays. Similarly, South Lanarkshire performance on the February census date was above the national average for the rate of delayed discharge for the entire adult population and >75.

However, there continues to be above average levels of absence across the care at home sector; infection, prevention and control closures in care homes to protect staff and patients therein and ongoing staffing difficulties across the wider health and social care sector which makes progress difficult to maintain and sustain.