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Mrs Neena Mahal
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Dear Neena,

NHS LANARKSHIRE: 2016/17 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions arising from the Annual Review and associated meetings in Coatbridge on 7 September. I would like to record my thanks to everyone who was involved in the preparations for the day, and also to those who attended the various meetings. I found it a very positive and informative day, and hope everyone who participated also found it worthwhile.

Meeting with the Area Clinical Forum

2. I had a constructive discussion with the Area Clinical Forum. It was clear that the Forum continues to make a meaningful contribution to the Board's work, and that the group has effective links to the senior management team. It was reassuring to hear that the Forum felt it had been fully involved in the Board's determined focus on contributing to effective clinical governance and patient safety. In addition, the Forum has played a key role in terms of the development and delivery of the Board's *Achieving Excellence* clinical services strategy. I was also pleased to hear of the Forum's support for the Health & Social Care Delivery Plan and the Chief Medical Officer's commitment to Realistic Medicine. I am in no doubt that continued, meaningful engagement of local clinicians will be essential in taking forward both the critical health and social care integration agenda and other local service redesign programmes.

3. I had very interesting discussions with the representatives from the various professional committees and undertook to consider some of the points raised; for instance: the desire for more flexibility in the local use of resources allocated by the Government; the need to more effectively involve the Third Sector in helping to bridge the gap that is sometimes evident between acute and primary/community care; the opportunity to look at increased spiritual or counselling support for both

patients and staff; the need to promote learning from genuinely innovative service redesign schemes; the need for effective succession/workforce planning; and for more effective and responsive IT integration. As with the Forum, I also welcome the work undertaken by the Board in 2016/17 to achieve university status. I was grateful to the Forum members for taking time out of their busy schedules to share their views with me.

Meeting With the Area Partnership Forum

4. I had an equally positive discussion with the Area Partnership Forum. It was clear from our discussion that local relationships remain strong; that this is fundamental to a number of developments and improvements that have been delivered locally over the last year; and that the Forum continues to engage effectively with the Board, not least: on the *Achieving Excellence* strategy; on the critical health and social care integration agenda; and the considerable work undertaken to deliver the ambitions of the NHS Scotland Everyone Matters workforce Vision; with a range of work underway to improve staff engagement and development, governance, workforce planning and staff attendance.

5. I undertook to note the local issues raised by the Forum which included: the view that there could be more Government action and even legislation on staffing levels and ratios (whilst noting the need to mitigate any risk of unintended consequences); mixed views in relation to national performance targets but a general welcome of the national review; issues around decision making in the Integration of Health and Social Care; specifically, difficulties in determining where certain levels of accountability lie, and how integrated staff side representatives (Council and NHS) can influence the agenda; and a request to continue prioritising the use of the public sector in health and social care, where possible and appropriate. I also noted the position put forward on behalf of the 'scrap the (pay) cap' campaign, reinforcing the demonstration at the start of the day. I also received a petition in support of this and noted that the request is for all public sector workers to receive a fair pay rise. I confirmed that, as announced by the First Minister on 5 September a part of our new Programme for Government, it is our intention to lift the public sector pay cap for the NHS and other public sector workers; to take effect in 2018.

Patients' Meeting

6. I would like to extend my sincere thanks to all the patients who took the time to come and meet with me. I greatly appreciated the openness and willingness of the patients present to share their experiences and noted the specific issues raised including: the importance of providing robust support to carers, including recognising the specific challenges faced by young carers; the need to ensure that communications with patients take place in a way which is appropriate and responsive to their specific needs; and the importance of a truly patient centred approach, avoiding the over-prescription of medication, which can lead to serious addiction issues. I was also pleased to note the feedback from two of the patients about the excellent care they had received at Monklands and Wishaw Hospitals.

Annual Review – Public Session

7. I was pleased to hear during the Chair's presentation you reiterate the Board's clear focus on patient safety, effective governance and performance management; and on the delivery of significant improvements in local health outcomes, alongside the provision of high quality, safe and sustainable healthcare services. A detailed account of the specific progress the Board has made in a number of areas is available to members of the public in the self-assessment paper which the Board prepared for the Annual Review. This has been posted on the NHS Lanarkshire website.

8. We then took a number of questions from members of the public and their representatives. I am grateful to you and the Board team for your efforts in this respect, and to the audience members for their attendance, enthusiasm and considered questions.

Annual Review – Private Session

Health Improvement

9. NHS Lanarkshire is to be commended for exceeding its target in delivering alcohol brief interventions. A brief intervention is a short motivational interview, in which the costs of drinking and benefits of cutting down are discussed, along with information about health risks. These have been proven to be effective in reducing alcohol consumption in harmful and hazardous drinkers. 9,657 alcohol brief interventions were carried out in 2016/17, exceeding the Board's target by 2,276.

10. The Board is also to be commended for its excellent, sustained performance against the drug and alcohol waiting times standard which specifies that 90% of people who need help will wait no longer than 3 weeks for treatment that supports their recovery. NHS Lanarkshire achieved 98.3% against this standard over 2016/17. I also want to put on record our thanks for the Board exceeding the local smoking cessation standard (2015/16). Final performance data for this was published in October 2016 and showed that NHS Lanarkshire achieved 118.4% against the annual target. The Board is to be commended for having a well-developed tobacco prevention programme in place and we recognise the considerable efforts made in implementing the NHS smoke free grounds policy.

Patient Safety and Infection Control

11. Rigorous clinical governance and robust risk management are fundamental activities for any NHS Board, whilst the quality of care and patient safety are of paramount concern. I know that there has been a lot of time and effort invested locally in effectively tackling infection control; and this is reflected in the Board delivering an 89% reduction in cases of clostridium difficile infection in those over 65 since March 2007, with a 94% fall in levels of MRSA since March 2007 (compared to September 2016). Similarly, under Hospital Standardised Mortality Ratios, the Board achieved a fall of 16.1% for Monklands, 15.5% for Hairmyres, and 23.5% for Wishaw between the quarter ending March 2014 and the quarter ending March 2017.

12. The Healthcare Environment Inspectorate (HEI) was set up by the former Cabinet Secretary for Health and Wellbeing with a remit to undertake a rigorous programme of inspection in acute hospitals. During 2016/17, the HEI carried out 2 unannounced inspections at Monklands Hospital. The Board has given Ministers the assurance that all the requirements and recommendations identified as a result of these inspections, and those undertaken to consider the care of older people in local hospitals, have been properly addressed.

Improving Access – Waiting Times Performance

13. I firstly want to commend NHS Lanarkshire for being the only large mainland NHS Board to consistently achieve both the cancer waiting time standards. However, NHS Lanarkshire has continued to experience challenges in delivering against the suite of elective access targets and standards during 2016/17. There have been consistent pressures in delivering the Treatment Time Guarantee in the specialties of General Surgery, Ophthalmology and Trauma and Orthopaedics. 25,172 patients were treated during 2016/17; of these, 7,116 waited longer than 84 days. NHS Lanarkshire has assured Ministers that the Board is enthusiastically engaged with national improvement work streams to address these pressures and to return to sustainable performance against national standards as a matter of priority.

14. Whilst NHS Lanarkshire has performed very well on the delivery of the 8 key diagnostic tests within 6 weeks, the Board has experienced pressures in outpatient performance (particularly in Dermatology, ENT, Ophthalmology and Trauma and Orthopaedics) during 2016/17. Whilst performance for on-going waits improved in the latter part of 2016/17, data for the first quarter of 2017/18 shows pressures are again building in the system. Performance on outpatient waiting times has a direct impact on delivery against the 18 weeks Referral To Treatment standard, as some patients had already waited longer than the 12 weeks standard for new outpatients. The Board has assured Ministers that you will continue to work closely with the Government's Access Team to support recovery and realise sustainable delivery against these key performance standards, for the benefit of local people.

15. A number of Health Boards across Scotland have struggled to meet and maintain the 4-hour A&E waiting target over the last year, including NHS Lanarkshire. Monklands Hospital is the only main local site that has regularly achieved the national standard, and the focus has been on improving performance at Hairmyres and Wishaw Hospitals; as supported by the Government's National Unscheduled Care Team. The Board has assured Ministers that sustainable improvement remains a key priority, in line with the local commitment to implement the six Unscheduled Care Essential Actions. Establishing consistent performance and robust contingencies in advance of winter will be crucial. We will continue to keep this and other areas of access performance under close review.

Health and Social Care Integration

16. There are two Health & Social Care Partnerships within the boundaries of NHS Lanarkshire. The North Lanarkshire Health and Social Care Partnership serves the localities of Airdrie, Bellshill, Coatbridge, Motherwell, Cumbernauld, Kilsyth and Wishaw. The Partnership's strategic priorities are: addressing inequalities; person centred support; prevention and early intervention; effective, safe, quality and timely care; maximising all local assets; and making the whole system work efficiently. The South Lanarkshire Health and Social Care Partnership serves the localities of Hamilton, East Kilbride, Rutherglen, Cambuslang and Clydesdale. The Partnership's strategic priorities are: statutory work; early intervention, prevention and health improvement; carers support; models of self-care and self-management, including telecare and telehealth; seven day services; intermediate care to reduce reliance on hospital and residential care; suitable and sustainable housing; single points of contact; mental health and wellbeing; and enablers to support better integrated working.

17. Whilst acknowledging the general pressures on certain services and social care budgets, I was assured to hear that there is continuity and cohesion in terms of the leadership across the local Partnerships. This will be critical in delivering sustained progress in terms of tackling delayed discharge and we will keep this under close review.

Finance

18. It is vital that NHS Boards achieve both financial stability and best value for the considerable taxpayer investment made in the NHS. I am therefore pleased to note that NHS Lanarkshire met its financial targets for 2016/17. Clearly, overall economic conditions mean that public sector budgets will continue to be tight whilst demand for health services will continue to grow. Nonetheless, you confirmed that the Board continues to actively monitor the achievement of all local efficiency programmes and, whilst the position is challenging, NHS Lanarkshire remains fully committed to meeting its financial responsibilities in 2017/18 and beyond.

19. I also took the opportunity to ask the Board's non-Executives about how comfortable they were with the quality of information provided in order to inform the holding of the Executive team to account. I was assured that Board members received detailed, helpful information and data; as such, they felt fully informed and able to effectively scrutinise local performance and carry out their key governance role.

20. There were a number of representations made during the day in support of the Board's case for the redevelopment or refurbishment of Monklands Hospital. I am happy to reiterate that the Government welcomes the development of this business case, pending the approval of the Initial Agreement by the Capital Investment Group. This will be considered in the usual way, against a set of criteria to ensure best value and in the context of competing priorities for investment.

Conclusion

21. I want to recognise that there is some excellent work going on in NHS Lanarkshire. Whilst there will always be improvements that can be made – which the Health Board and its planning partners accept – we should also recognise that the hardworking and committed staff in NHS Lanarkshire have achieved a great deal for the benefit of local people in the last 12 months.

22. The Board has generally good relationships with its planning partners; is performing well against the majority of its performance targets; and is largely exercising sound financial control. Maintaining this control and building on these effective relationships will be essential. I am confident that the Board understands the need to maintain the quality of frontline services whilst demonstrating best value for taxpayers' investment.

23. As I have said, we will keep progress under close review and I have included a list of the main action points from the Review in the attached annex.

Best wishes

Maureen

MAUREEN WATT

ANNEX

NHS LANARKSHIRE ANNUAL REVIEW 2016/17

MAIN ACTION POINTS

The Board must:

- **Keep the Health & Social Care Directorates informed of progress with its significant local health improvement activity**
- **Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety**
- **Keep the Health & Social Care Directorates informed on progress towards sustainable achievement of access performance standards**
- **Continue to work with planning partners on the critical health and social integration agenda**
- **Continue to achieve financial in-year and recurring financial balance**
- **Keep the Health & Social Care Directorates informed of progress with redesigning local services in line with the Board's *Achieving Excellence* strategy, and in the context of the National Delivery Plan, including regional planning for the West of Scotland**