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5<sup>th</sup> February 2019

Dear Neena

## **NHS LANARKSHIRE: 2017/18 ANNUAL REVIEW**

1. This letter summarises the main points discussed and actions arising from the Annual Review and associated meetings at Hairmyres Hospital on the 2<sup>nd</sup> of November. I would like to record my thanks to everyone who was involved in the preparations for the day, and to those who attended the various meetings.

### ***Meeting with the Area Clinical Forum***

2. I had a constructive discussion with the Area clinical Forum. The Chair of the Forum opened the discussion and set out the Forum's involvement in the clinical design of the Board's plans for the replacement of University Hospital Monklands. Forum members were clear that improving flows through the three Accident and Emergency Departments and a presumption against admission to inpatient care in the best interest of patients underpinned the plans. I am very grateful for the input of staff to inform the Board's consideration and in particular the contributions to inform the design of and the clinical model to deliver a replacement Hospital. I was reassured that the North and South Lanarkshire Joint Partnerships had been fully involved in the design of the model. I recognised a high level of support from all Forum members to see the plans progress.

3. I noted the concerns from Forum Members about the challenges to deliver cash releasing efficiency savings while protecting the provision of clinical services. The Forum was clear that its priority was to inform the Board's decision making and to advise the Board on clinical risk issues arising from any proposed plans.

4. I heard about the positive redesign work in pharmacy and dental service. A specific issue was raised about legal constraints on practitioners administering flu vaccinations. I undertook to look into this and take legal advice and I will update the Forum in due course. I also undertook to consider setting up a national campaign to promote the wide range of advice and services that pharmacists can provide. A third piece of work I want to consider is the

interaction and communication with the public about what shifting the balance of care means and how we can maximise coverage through the use of social media.

5. Finally I heard that at national level the ACF considers that it would be a beneficial to all ACFs if a national forum was established in line with the national arrangements which exist for the Scottish Partnership Forum and I will consider this.

### ***Meeting with the Area Partnership Forum***

6. There was significant discussion in the Area Partnership Forum about the plans for the replacement of University Hospital Monklands. A clear view was expressed for a new build rather than the redevelopment of the current Monklands site. I noted the comments that the Gartcosh site proposal presented public transport and travel difficulties for people travelling from Airdrie and surrounding areas. I reiterated my support for a new Monklands Hospital delivering the full range of current services and a range of specialist services for the benefit of people from the Monklands catchment area and indeed people from across the NHS Lanarkshire area. I noted the comments about the financial environment in which the Board was working and the consequent pressures for the Board in delivering on elective and unscheduled care and pressures on primary care services. I recognise these pressures and it is for all Boards to manage within its financial allocation and to deliver high quality, safe services for their populations.

7. I was interested to hear about how the two integration Joint Boards are working and the views expressed suggest that relationships are good but there needs to be some further aligning and joining up of processes between the partnerships and the Board. I acknowledge the points made and reflected that this was precisely why I had asked the Chief Executive of NHS Scotland and the Chief Executive of COSLA to undertake a review of progress of the integration arrangements. I will receive a report of the findings in due course. I was pleased to hear of the positive work on supporting staff on returning to work following a period of absence, and in building a safe environment to report bullying and harassment concerns.

### ***Patients' Meeting***

8. I would like to extend my sincere thanks to all the patients who took the time to come and meet with me. I consider this meeting to be very important to get first hand feedback on how services are being delivered across the NHS. I greatly appreciated the willingness and openness of patients to share their experiences. I heard that overall patients appreciate the high quality of services and the excellent care provided by medical and nursing staff in NHS Lanarkshire. I also heard of some frustrations including those of people who have hearing difficulties and the impediments they can experience when they attend hospital. I raised this with the Chair and Chief Executive in the private session and asked them to ensure that communications with patients take place in a way which is sensitive and appropriate to their needs, including British Sign Language provision in unscheduled care settings. I was impressed to hear insightful opinion and support for our approach to Realistic Medicine. There was a clear view that we all need to be mindful of our own actions and the consequent impact on the provision of services. There was a suggestion that Boards should be doing more to address the process for the issue of repeat prescriptions, which sometimes results in the over issuing of medicines which are not used by patients. This was supported by a number of attendees. The provision of mental health services was an area which resonated with all patients and carers with a particular emphasis on identifying young people with mental health concerns at an early stage. I raised a number of these issues with the Board in the private session.

## ***Visit to the Cardiac Catheterisation Laboratories /Ward***

9. Following the meeting with patients I had a visit to University Hospital Hairmyres to see the two new laboratories which opened in early 2018 and also visited the recovery area and ward. I was impressed by the facilities but more so with the dedication and enthusiasm of the staff I met. The unit benefits not only patients from Lanarkshire but also from Ayrshire and Arran and South Glasgow. Plans in train will extend benefits to patients in Dumfries and Galloway, shortening the patient journey, improving patient safety and health outcomes following acute heart attacks. I want to put on record my thanks to the local clinical and nursing staff for their time in showing me around and for discussing the important work they do for the benefit of patients.

## ***Annual Review - Private Session***

### ***Health Improvement and Improving Inequalities***

10. NHS Lanarkshire is to be commended in 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. NHS Lanarkshire's annual target for 2017/18 was 7,381 interventions and they achieved 10,328 at March 2018. The Board is also to be commended in respect of the challenging 2017/18 smoking cessation standard. While NHS Lanarkshire did not achieve the Scottish Government target of 1,220 12 week quits in the 40% most deprived areas, performance of 90% against the target (1,411) was the third highest of all Health Boards, exceeding the Scottish average performance of 81%.

11. We also discussed the Boards performance in improving waiting times for access to psychological therapies and child and adolescent mental health services. Meeting the targets has proved challenging largely due to recruitment challenges, rising demand and maternity leave. You assured me that action plans are in place to bring performance back in line with the performance targets in 2018/19 backed by additional Government investment, including £1,358,226 from 2108/19 to 2021/22 to recruit additional staff in key settings. You reiterated the Board's commitment to meeting and maintaining local performance against these priority mental health access targets.

### ***Patient Safety and Infection Control***

12. 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; this is reflected in the Board delivering a 90% fall in cases of C Difficile infection in those aged 65 and over since 2007 and a 97% fall in levels of MRSA over the same timeframe. In terms of Hospital Standardised Hospital Mortality Ratios (HSMR), the Board recorded a fall of 16.9% at Monklands Hospital, 14.5% at Hairmyres Hospital and 29% at Wishaw Hospital between the between quarter ending March 2014 ( first quarter after the new baseline was introduced) and the quarter ending June 2018. That said, the Board did not achieve the March 2018 standard for Staphylococcus Aureus Bacteraemia (SAB) cases, however, I note the 11% decrease in the number of cases compared to 2016/17. You have assured me that the Board remains committed to making further progress.

13. The Healthcare Environment Inspectorate carried out an announced inspection of Udston Hospital in Sept 2017. This resulted in one requirement and no recommendations.

The Inspectorate also carried out an unannounced inspection of University Hospital Wishaw in August 2018 and this resulted in 3 requirements and one recommendation. You confirmed that actions agreed with the Inspectorate are always completed within the timeframe given.

14. The Inspectors carried out an unannounced inspection of older people services in University Hospital Monklands in March 2018. The Inspectors highlighted 5 areas of good practice and twelve areas where improvements could be made. All areas have been addressed by the Board.

### ***Improving Access: Waiting Time Performance***

15. I want to take the opportunity to congratulate the Board and your staff on an outstanding achievement in exceeding the Cancer Waiting Times Standards. NHS Lanarkshire is the only mainland Board in Scotland to consistently meet both the 31 and 62 day standards. Performance against the 31 day standard is consistently at 99% and performance for the 62 day access standard is at b 96.7%. NHS Lanarkshire is becoming increasingly known for its innovative service redesign and improvement work in cancer services. In September 2018 I had the privilege to visit the Cancer Service at University Hospital Wishaw and I encourage the Board to share its service model with other Boards.

16. Performance against the 4 hour unscheduled care target is variable with University Hospital Monklands being the only site which regularly achieves 95%. While all three hospitals have achieved improvement over recent years against the target further work is required to sustain performance with the focus on the University Hospital Hairmyres and University Hospital Wishaw sites. Detailed plans are in place in line with the Government's 6 essential actions and the National Unscheduled Care Support Team continues to support the work closely with NHS Lanarkshire.

17. NHS Lanarkshire along with other Boards have continued to experience challenges in delivering the suite of elective access targets and standards during 2017/18. NHS Lanarkshire does, however continue to perform well in diagnostics. On-going pressures in delivering the Treatment Time Guarantee are mainly centred in ENT, General Surgery, Gynaecology, Ophthalmology, Trauma and Orthopaedics and Urology. The Government's Access Support Team continues to work closely with NHS Lanarkshire. The Government has also provided additional funding to support service recovery of waiting times and the Board has a number of improvement actions in train. NHS Lanarkshire has a trajectory in place to achieve an improved position on last year's outturn and is currently on track to deliver this. You also confirmed that the impact of the planned elective centre had been fully factored into the Boards' current service design plans. We will continue to keep all areas of access performance under very close scrutiny.

### ***Health and Social Care Integration***

18. Both the North and the South Lanarkshire Health and Social Care Partnerships are progressing a number of redesign initiatives. In the North Partnership the key overarching development was the Integrated Service Review Board, which reviewed 66 delegated services to create the future integrated model in North Lanarkshire. This will see a smaller number of teams in each locality, each covering multiple functions; children and families; addictions, learning disability and mental health; and long term conditions and frailty. A delivery plan was approved by the Partnership in November 2017 and implementation is underway. In the South Partnership particular progress has been made on a number of fronts that have assisted in improving health and maximising self-care and support, as far as possible, in a community setting. Initiatives include plans to deliver the new GMS contract and to support GPs and to

assist with transition to the new contract; the re-provision of services previously provided at Udston and Lockhart Hospitals in community based care provision; a programme of Building and Celebrating Communities which has led to a series of local initiatives with communities introducing their own health improvement activities and a significant increase in the use of tele-health to maximise self-care and remote working.

19. I also heard that relationships were strong but that the Board and the Partnerships needed to take stock and consider what works, what doesn't and what needs to happen to move service planning and redesign on at a faster pace.

### ***Finance***

20. It is vital that NHS Boards achieve financial stability and best value for the considerable taxpayer investment made in the NHS. I am therefore pleased to note that NHS Lanarkshire met all three financial targets for 2017/18. I am therefore pleased to note that NHS Lanarkshire met its financial targets in 2017/18. The need for strong financial performance is essential as the demands on health and care services continues 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.

### ***Monklands Hospital***

21. We moved on to discuss the Board's proposals for the replacement of University Hospital Monklands. I reiterated the Government's support for the development of a new University Hospital Monklands, to provide modern health facilities and a range of specialist services for the benefit of patients in the Monklands catchment area and indeed for the benefit of patients right across Lanarkshire. I explained I had noted the concerns raised about the Board's option appraisal and consultation process to establish the future location of the hospital. These concerns came both from local people and elected representatives of all political parties and was clearly reflected in the Parliamentary Debate on 24 October. I was clear that it is essential that the concerns raised are carefully examined and responded to openly and transparently. That is why on 9 November last year I announced my intention to establish an independent review and I asked the Director General for Health and Social Care and Chief Executive of NHS Scotland to take this forward. The Review is now underway and I will receive the Review Team's report when they have completed their consideration.

### ***Annual Review: Public Session***

22. I understand that the Board intends to hold a public session in March or April. This will include a presentation from the Chair on performance in 2017/18 as well as a Q&A Session with Ministerial presence. A detailed account of the specific progress. A detailed account of the specific progress the Board has made in other areas is available to members of the public in the self-assessment paper which the Board prepared for the Annual Review. This is available on the NHS Lanarkshire website.

### ***Conclusion***

23. I do not want to lose sight of some of the excellent work that has been undertaken locally in 2017/18 for the benefit of local patients; not least in the delivery of Cancer Services, the Cardiac Catheterisation Service, some of the health care improvement activity, and the maintenance of financial control. I want to record my thanks to the Board and local staff for their efforts, professionalism and commitment.

24. Whilst I recognise that NHS Lanarkshire is making progress in taking forward a challenging agenda on a number of fronts, I have been assured that the Board understands the need to improve performance in some key areas, whilst maintaining the quality of frontline services and demonstrating best value for taxpayers' investment. We will continue to keep progress under close review and I have included a list of the main performance action points in the attached annex.

A handwritten signature in black ink, appearing to read 'Jeane Freeman', with a long horizontal flourish extending to the right.

**JEANE FREEMAN**

**NHS LANARKSHIRE ANNUAL REVIEW 2017/18**

**MAIN ACTION POINTS**

**The Board must**

- **Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety**
- **Continue to work with planning partners to secure the required improvement to secure and maintain performance across all 3 hospital sites in relation to unscheduled care performance**
- **Keep the Health & Social Care Directorates informed on progress towards achieving all access targets in line with a greed improvement trajectories, and mental health access targets**
- **Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection**
- **Continue to achieve financial targets**
- **Ensure that there is provision for appropriate attendance at, and regular meetings of, the Area Clinical Forum**
- **Continue to work constructively with planning partners on the critical health and social integration agenda, recognising the statutory responsibility of the IJBs**
- **Keep the Health & Social Care Directorates informed of progress with local service redesign plans, in line with the national policy**
- **Keep the Health & Social Care Directorates informed of progress with its significant local health improvement activity.**

**Please provide a written update on the above Action Points by the 30 June.**