



T: 0300 244 4000
E: scottish.ministers@gov.scot

Ms Neena Mahal
Chair
NHS Lanarkshire

Via email: Neena.Mahal@lanarkshire.scot.nhs.uk

14 December 2020

NHS LANARKSHIRE ANNUAL REVIEW: 10 DECEMBER 2020

1. Thank you for attending NHS Lanarkshire's Annual Review with your Chief Executive on 10 December via video conference. I am writing to summarise the key discussion points.
2. As you will be aware, the intention was for Ministers to conduct a full round of Annual Reviews during the summer. Whilst that has not proved possible due to the COVID-19 pandemic, Annual Reviews remain an important part of the accountability process for the NHS and, as such, we have arranged for Ministers to hold appropriate sessions with the Chair and Chief Executive of each Board via video conference. I was supported in the meeting by John Connaghan, Interim Chief Executive of NHS Scotland. I wanted to start the meeting by formally welcoming the appointment of Heather Knox as the Board's new Chief Executive.
3. The agenda for this year's round of Reviews has been split into three sections to cover: pre-Covid performance during 2019/20; the initial response to the pandemic from February/March to July 2020; and a forward look, in line with the current Board mobilisation plans (August to end of March 2021) and beyond.

Pre-Covid performance during 2019/20

4. In terms of outpatient waiting time performance, the Board is to be commended for the considerable improvements made during 2019/20, prior to the impact of the pandemic. NHS Lanarkshire achieved a 58% reduction in outpatient waits of over 12 weeks: this dropped by 1,500 between April 2019 and December 2019. Alongside this, there were significant improvements across a range of specialties including neurology, ophthalmology, ENT and orthopaedics.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot



5. On inpatient and day case performance, there was already a challenging elective pathway pre-Covid, with protected beds often needed for trauma/site pressures and, as such, theatre utilisation had been challenging. You explained that plans had been in place, pre-pandemic, for additional theatre sessions and protected inpatient beds through service reconfiguration to the separate trauma and elective sites. These plans had been informed by the approach that had demonstrated significant improvement in outpatient performance.

6. In summary, it was clear on elective waiting times that there had been some significant progress against trajectories made in the latter part of 2019/20. Unfortunately, some of this has been affected by the obvious impact of the COVID-19 pandemic, which necessitated the radical restructuring of services – including the suspension of all elective activity to protect emergencies, urgent and cancer activity – from late February. You assured me that the Board has nonetheless taken the time to review and strengthen its performance management focus; and that we should start to see the positive impact of this more markedly, once the COVID-19 emergency period concludes.

7. Unscheduled care performance in the Board's three A&E Departments was an area of increasing concern during 2019/20. In the first 11 months of the year, there were 198,469 attendances: 3% more than in the same 11 months in the previous year; and 14% more than the same period during 2015/16. Delayed discharges were also an issue: the number of bed days blocked rose from 66,302 in 2018/19 to 80,772 in 2019/20. As such, over 15% of patients were waiting over the 4 hour standard, compared to 8% in 2018/19. This led to a five-partner summit in December 2019 involving the local authority Chief Executives, as well as the Chief Officers of the Integrated Joint Boards, to agree a rapid escalation protocol. Performance had subsequently improved, though it was difficult to tell whether this would have been sustained due to significant impact on A&E attendances in the first wave of the pandemic from March 2020. It is clear that unscheduled care performance and delayed discharge must remain a key area of focus for the Board and its planning partners; as such, we would return to this subject in the forward look section.

8. NHS Lanarkshire continues to be the exemplar Board in respect of cancer waiting time performance: during 2019/20, the Board ensured that, in every quarter, over 95% of patients met both the 31 and 62 day targets. Indeed, NHS Lanarkshire was the only Board to achieve over 95% in the 62 day target in every quarter of 2019/20. The national Framework for Effective Cancer Management has been modelled on the Boards' processes and I want to record my thanks to the local teams who continue to work tirelessly to maintain this excellent performance, for the benefit of patients. This had partly been the result of a focused leadership programme with clinicians and managers; and the extended use of Advanced Nurse Practitioners. I was encouraged to hear that the Board is learning from this experience to influence wider service redesign and improvement.

9. Local performance against the 18-week waiting standard for Child and Adolescent Mental Health Services (CAMHS) was of concern in 2019/20: there had been a steady deterioration in performance from the beginning of the financial year. In the quarter ending 31 March 2019, 76.6% of local patients had been seen within 18 weeks, against the 90% standard; local performance in the quarter ending 31 March 2020 was 57.7%; although there had been a modest recovery to 67.5% in the most recent quarter, ending 30 September 2020. You assured us that a detailed recovery plan is in place and kept under regular review, anticipating a return to performance that meets the 90% standard during 2021/22. We will keep the Board's progress in this important area under close review.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016.

See www.lobbying.scot



10. I ended this section of the Review by welcoming that, despite the pressures the Board faced in 2019/20, NHS Lanarkshire met its financial targets by the year-end.

Initial response to the pandemic from February/March to July 2020

11. You provided a helpful overview of the Board's initial response to the pandemic from late February. As has been noted above, this required an unparalleled, immediate and radical restructure of both services and ways of working in the NHS in Scotland, including in NHS Lanarkshire. The Board's response and recovery planning process involved the rapid reconfiguration of local health and care services, including a significant increase in the use of technology to deliver care outside hospitals or clinic settings and effective cross system working. Indeed, you confirmed that the number of *Near Me* consultations carried out by NHS Lanarkshire had increased from 400 pre-COVID to 60,000 during remobilisation, with a plan to raise this further to 85,000 by March 2021.

12. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated this year underpin the local strategy for a sustainable future. We also asked the local Area Clinical Forum and Area Partnership Forum to provide brief updates ahead of the Review and I would like to take this opportunity to, once again, formally record our sincere thanks to local staff for the incredible effort and unstinting commitment they have consistently shown, in the most testing of conditions.

13. In terms of staff wellbeing, you confirmed that a report to the NHS Board in October set out the additional services and support that had been put in place in the first phase of the pandemic, and that the Board approved funding for the next two years; to maintain these enhanced staff wellbeing and support services. We also welcomed the valuable engagement activity you had undertaken with local BAME staff on their COVID-19 experience. The learning from this work could clearly benefit other Boards and, as such, we invited you to host an associated session at a meeting of Board Chairs and Chief Executives that will be scheduled for early 2021. Further to this, we wanted to take the opportunity to put on record our thanks for the considerable, additional national work you have personally undertaken over the last year in support of the NHS in Scotland.

Forward look

14. The Board's remobilisation focus has been underpinned by clinical prioritisation: meeting emergency, urgent suspicion of cancer and urgent demand, whilst maintaining the safety of patients and staff. Some early progress had been limited by the operational impact of the recent resurgence in COVID-19 admissions, which had been particularly marked for NHS Lanarkshire. The Board had nonetheless benefitted from mutual arrangements with other areas such as NHS Forth Valley, and NHS Lanarkshire had also been the first Board to utilise NHS Louisa Jordan: to date, almost 4,700 local patients had received their outpatient appointments at the facility. You also confirmed that approximately 300 local patients had received orthopaedics and ophthalmic treatment at the Golden Jubilee National Hospital.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot



INVESTORS
IN PEOPLE

Accredited
Until 2020



15. In terms of the coming weeks and months, our over-riding priority remains, as in the first phase of the pandemic, that the NHS is not overwhelmed. We therefore welcomed your assurances about robust winter planning and local resilience. In particular, you are keeping workforce resilience under close review as this has been a particular area of operational pressure for the Board in recent weeks; these risks may be mitigated to some extent by the increased testing and vaccination of staff, alongside the reduction in the self-isolation period from 14 days to 10 days. We agreed that Boards must have flexibility of approach, based on local disease prevalence and other pressures; whilst operating in way which is fully consistent with the clinical prioritisation framework. As noted above, it is likely Boards will need to review and submit revised remobilisation plans next spring.

16. All Health Boards had seen unscheduled care pressures fall in the first phase of the pandemic, with the restrictions having a significant impact on attendances. However, as restrictions were scaled down following the initial lockdown, attendances have risen; and Boards face new pressures in A&E Departments and receiving wards due to the appropriate infection control measures and streaming of patients. That is why we recently piloted the redesign of urgent care in NHS Ayrshire & Arran. You confirmed that NHS Lanarkshire is fully supportive of this necessary redesign work, and is well placed to implement similar changes. We were pleased to note that very early experience from the local roll out had been largely positive. Recognising the importance of effective communications, you assured us that early, proactive engagement will be undertaken by the Board to ensure local people understand what services are available and how they can access them.

17. Whilst the redesign of urgent care should help with the Board's unscheduled care performance, we were clear that continued focus and recovery in this area will be necessary, particularly ensuring a sustained reduction in delayed discharge. You assured us that the Board is committed to continuing the improvement work in this area with your planning partners; informed by learning from NHS Tayside's experience, with multi-disciplinary teams deployed to review local delayed discharges on a daily basis. The further development of the Board's successful *Hospital at Home* programme should also be of benefit. We will keep this key area under close review.

18. We want to recognise the significant achievement locally with the enhanced seasonal flu vaccination programme. We agreed that a robust communications strategy will be crucial, for the benefit of all stakeholders, on our approach to the very significant logistical and other challenges associated with the vaccination programme for COVID-19. The Board remains in close contact with the Government to finalise the local plans for effectively distributing the vaccine to the priority groups.

19. In terms of effective integration, it was pleasing to note that whole system working has been very much the focus of the approach during the pandemic. We agreed that this must be maintained and developed as the Board and its planning partners move from the emergency/winter response to operational recovery and, ultimately, renewal.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot



Accredited
Until 2020



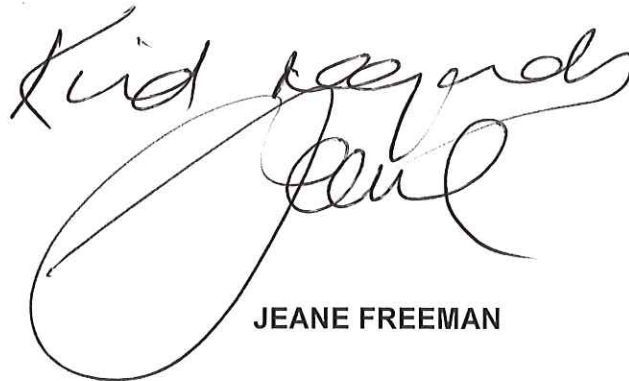
20. On financial outturn for 2020/21, you confirmed that (as at month 6) NHS Lanarkshire is forecasting the achievement of financial balance, based on the assumption that you will receive funding to meet the additional pressures arising from your COVID-19 mobilisation and remobilisation plans. You confirmed that the Board is continuing to assess and address risks and pressures as part of these plans; we will keep in close contact about planning assumptions for 2021/22.

21. We noted the updates on: the forthcoming septennial review of the soft facilities management arrangements in relation to the PFI contracts at University Hospital Hairmyres and University Hospital Wishaw; and on the plans to replace University Hospital Monklands to ensure the continuing provision of the highest quality healthcare services, for the benefit of local people. On the former, you agreed to liaise further with John Connaghan and Richard McCallum on whether any additional support is required to help facilitate the process. On the latter, you confirmed that the Board is due to meet on 16 December to consider all the information and agree a recommendation on the preferred site for the new hospital. In line with the established major service change process, I will subsequently receive a submission from the Board on your preferred option for approval.

Conclusion

22. I want to reiterate my thanks to the Board and local staff for their ongoing, incredible efforts, professionalism and commitment, in the facing of unprecedented and unremitting pressures during 2020/21. I know you understand that there is no room for complacency, given the myriad of risks the NHS faces this winter. We will continue to keep local activity under close review and to provide as much support as possible.

23. Nonetheless, it is important to recognise that NHS Lanarkshire has made progress over the year, and we are confident that the Board is well placed to continue to deliver for the benefit of local people.



JEANE FREEMAN

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot



INVESTORS
IN PEOPLE

Accredited
Until 2020



