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Dear Ken

NHS LANARKSHIRE ANNUAL REVIEW: 19 NOVEMBER 2007

1. I am writing to summarise the main points and actions agreed during our discussion at the Annual review and associated meetings in Hamilton on 19 November.
2. I want to restate my thanks to you, Tim Davison and others from NHS Lanarkshire for organising a very positive and helpful programme. It was very useful indeed to have the opportunity to cover a range of issues with you and colleagues in the Board area, and to see practical examples of developments in the way services are provided. I found it particularly helpful to meet and discuss issues with staff and patients.

Meeting with Area Clinical Forum

3. In our discussion it was clear that the Forum is well connected to the Board and its work and had a significant involvement in the redesign of services process. There was a real enthusiasm for the opportunities which have resulted from the review of services process, including possibilities to tackle the management of long term conditions in a better way, the development of multi-professional teams and to look for imaginative and innovative solutions.
4. We had a useful discussion about the work being done to develop clinical engagement. There has been a lot of good progress on this issue, including the initiative to extend Forum meetings to the wider clinical group. It was acknowledged that there are difficulties with General Dental Practitioner engagement, but there was also optimism expressed for the future.

5. In feeding back the key points to the Annual Review, I summarised this part of the day by highlighting the positive linkages between the Forum and the Board around the review of Accident and Emergency services and the Members' feeling that they have the opportunity to input into the Board's decision making process; noting the good work that has been carried out to improve clinical engagement and the need to continue to identify ways to improve the process over the coming year; welcoming the enthusiasm of the Forum towards Better Health, Better Care discussion document; and the Forum's involvement in the development of the winter plan, noting the importance of it being a comprehensive, robust plan.

Meeting with Area Partnership Forum

6. We had a positive discussion about a range of important issues on Staff Governance and Workforce Planning. Good progress has been made on Agenda for Change with only 100 or so staff yet to be assimilated out of a total 13,000. It was reported that the position is that there are 2,300 staff review requests represented by over 700 generic job descriptions which will all have to be managed in accordance with the Agenda for Change review process. I was also pleased to hear that the payment of arrears is approximately 91% complete with the remaining cases expected to be completed around Christmas. I was delighted to hear of the progress made on the Knowledge and Skills Framework. In discussing attendance management, I was told that the target is very challenging but progress was being made. The aim was to achieve consistent performance across the Board.

7. We went on to discuss the Forum's work around the review of Accident and Emergency services. Members reported that staff engagement had been both thorough and effective. I was advised that discussions will continue until the Board's preferred option is submitted for consideration.

8. In feeding back the key points to the Annual Review, I summarised this part of the day by highlighting the excellent progress around Agenda for Change and commended the Board for being well ahead of target in respect of the Knowledge and Skills Framework. I noted that, although the Board intimated a range of initiatives to address sickness absence, there was still some way to go for the Board to achieve its target. Finally, I acknowledged the engagement of the Forum in the review of Accident and Emergency services.

Meeting with Patients

9. As you know, I place great importance in the views of patients and service users and I found the meeting informative and I welcomed the opportunity to hear their views on the service they receive. I was particularly grateful for their openness which made the meeting of great value to me.

10. The patients made a number of observations about services in Lanarkshire and were very supportive and appreciative of the standard of services available to them. I was encouraged to hear positive messages about the South Lanarkshire Carers Network. I reaffirmed the Government's commitment to support and empower carers to help reduce readmissions and enable people to stay in their home if at all possible. I was also encouraged to hear that people felt that individuals should take greater responsibility for their long term conditions and a desire to have more information and involvement in this important aspect of healthcare, but the information must be accessible and easy to understand. It is also imperative that children are not disenfranchised and their views need to be heard and taken into consideration.

11. I found the discussion very reassuring and the overwhelming message given to me was that patients feel fortunate to be in receipt of the quality of care provided, recognising the continuing need to seek improvements.

Visit to Integrated Addictions Service, Coatbridge

12. This was an excellent visit and very enlightening. As with my meeting with patients, I was extremely grateful for the service users' candour when talking of their experiences. The service is a very good example of integrated working between the Board and the local authority and, it is clear that the work being done there is life changing. Please convey my thanks to all those who participated.

13. It was shocking to hear that in Lanarkshire last year there were 30 deaths from drugs misuse, whereas over the same period, there were 240 deaths where alcohol was the principal cause of death. It is important that messages on alcohol awareness are prioritised.

Annual Review Meeting

14. After I reported back on the above meetings, you presented a summary of the Board's achievements during 2006-07, and described key challenges facing you going forward. Many of these points, as with most of the key action points in the 2006 Annual Review, were discussed in depth later in the review meeting and are recorded in the relevant parts of this letter.

Health Improvement and Reducing Inequalities

15. I opened this part of the discussion by acknowledging the innovative and progressive work being carried out in Lanarkshire to tackle the challenges and complexities involved in improving health in the region. I was interested to hear more about this work and of any findings that could be shared with other Boards to help understand and reduce inequalities. You advised that the Board favoured evidence based interventions and to this end there had been valuable research undertaken to identify what initiatives have produced positive results and the Board focuses on them. Dr Moir explained that it was also important to shift the focus from targeting deprived areas to deprived people. The Board had also received widespread support from the Police and Fire Service for the proposals for tackling lifestyle factors, particularly in relation to alcohol misuse.

16. I was encouraged to hear of the efforts the Board is making to target hard to reach groups. Dr Woods noted that progress was evident in the *Keep Well* pilot and he asked if the Board believed it could now move to support long term implementation. Mr Sloey reported that the latest information showed that there had been over 7,300 screens conducted, of which over 2,800 had been referred for chronic condition management. I also welcomed the report that the Board are taking steps which will ensure that all 10 townships in the region can deliver the service. I was particularly interested to hear the Chief Executive report on the recent clinic located at an Asda store and that there was strong evidence to suggest people will take advantage of such a service where it is easily accessible.

17. I was interested to hear more of the work being carried out in relation to alcohol awareness which is targeting young people and women. I welcomed the initiatives which are engaging young people through peer intervention as well as the initiatives through Health Promoting Schools and the 'Streetbase' project at a local YMCA. I was also encouraged to hear about the recent consultation event with young people seeking their experiences of

alcohol and drugs misuse. I commended the Board on the very good work being carried out in relation to alcohol misuse.

Efficiency and Governance

18. I began by commending the Board for achieving all three financial targets and also meeting its Efficient Government target and the significant progress made in a relatively short period to fully recover the substantial financial deficit. We briefly discussed the Board's approach to future efficiency savings and the importance of service redesign.

19. The Chief Executive commented on the Board's level of funding under Arbutnott in relation to the potential level of funding under NRAC. I confirmed that the government is currently considering the NRAC report but no decision had been taken. In response to Mr Smith's question on how the Board is managing the considerable complexities within its Capital budget, Mrs Goldsmith explained that all Capital projects are subject to individual business cases and, due to there not being a single large project, the opportunity exists to consider each project at a closer level.

20. In moving onto absence from work, I asked what steps the Board were taking to address other types of absence being recorded as sickness absence. The Chief Executive advised that there are a range of initiatives being implemented including a refreshed sickness absence policy which promoted healthy attendance; the creation of a project board and appointment of a project manager to deliver intensive training for management and staff side representation; working with local authorities, the private sector and encouraging individual hospitals to adopt Healthy Working Lives. The Chief Executive also reported that £750,000 had been invested to tackle sickness absence including the provision of a telephone counselling service which is available to all staff and the implementation of a rapid access physiotherapy service for musculo-skeletal injuries. However, while the Board are committed to meeting its target, the challenge was considerable.

21. We then touched on medical staffing where it was reported that the Board is presently 67% compliant with the European Working Times Directive (EWTD) and there are 37 rotas which are non-compliant. The Board's difficulty in recruiting Consultants was also highlighted by reporting that the Board is currently carrying 43 Consultant vacancies which equates to 13% of its Consultant workforce and, while 11 Consultants had been recruited, 11 Consultants had left over the same period.

Access

22. I was delighted to hear that the Board had bettered the 18 week target for inpatient and day cases with only 56 patients waiting over 16 weeks and that the Board propose to maintain a maximum 16 week wait by March 2008. I was also encouraged to hear of the level of communication with the public and staff in relation to the removal of Availability Status Codes and, given the significant reductions achieved, the Board are well on track to meet its target.

23. Mr Connaghan asked for clarification of the significant month on month variation in relation to hip surgery. Mrs Lyness explained that of the 400 or so patients this year, 80% required surgery and there had been one breach in the last month. The Board were committed to sustainable delivery of waiting time targets.

24. Turning to cancer care, I welcomed the report that the Board have implemented clinically led and designed patient pathways across 9 tumour types and that closely

managed escalation policies are also in place. I was pleased to hear that due to close working links with NHS Grampian in respect of PET scanning, the Board have a higher level of confidence that the target will be achievable.

Treatment

25. We touched on delayed discharge and I sought clarification of the reasons for the fluctuation of the figures over the summer months. You explained that the Board have strong partnership links with the local authorities and there had been a reduction in delayed discharges to 69 over recent months. However, there were some difficulties in relation to alcohol related illnesses where rehabilitation appears to be taking longer than anticipated.

26. Turning to HAI, I asked when you expected to achieve compliance with the NES mandatory induction training, the HAI Code of Practice and the impact of the appointment of an Infection Control Manager and Nurse Consultant. Dr Moir reported that the Board was fully compliant with existing standards and, while there is induction training in place, further work needs to be done. Dr Moir also advised that whilst it is still early days for the new recruits, signs of improvement were apparent. The significant contribution of the staff during the recent Norovirus outbreak was also noted.

27. In discussing mental health services, Dr Woods asked about child and adolescent mental health services. Mr Sloey reported that training programmes are in place to meet clinical need but building capacity within Lanarkshire is an issue. Whilst the Board have a multi-faceted plan with significant investment, a 16-17 year old requiring admission would be referred to Gartnavel. However, if a space is not available, a younger person would be admitted to the paediatric unit while a 16-17 year old would need to be admitted to an adult ward. The Board recognised the need to address these issues, and to keep us informed.

Service Change

28. I commended the Board on their performance in relation to joint working with local authorities and asked how membership of Public Partnership Fora would be strengthened. Mr Sloey reported that members of the North Lanarkshire PPF recognised that it was often the same people who were engaged. Therefore the reference group had been widened and there is now a young person on the PPF to provide a young person's perspective and the voluntary sector is also represented. Mr Sloey also confirmed that this structure has been replicated in community groups allowing the PPF to consider big issues and gather intelligence on local issues. Mr Lawrie added that the South Lanarkshire PPF has 4 strong localities and 2 members sit on the Operation Management Committee and the PPF had a significant involvement on service redesign.

Q&A

29. I had introduced this session for the first time this year with a view to making public involvement in the Reviews more meaningful and active. There was a good response in Lanarkshire and as I said on the day we will reflect on how this has worked following this year's round of the Annual Reviews to consider how we can build on this agenda item in the future. I would like to thank the Scottish Health Council who collated and prioritised the questions for answer. While time constraints meant we were unable to respond to all questions on the day, we undertook to provide a written response to those we did not reach.

Conclusion

30. In summing up our discussion, I thanked the Board and its staff for their continuing commitment and achievements over the past year. I also stressed that while it is important to recognise success, it is equally important to discuss challenges and work together to resolve difficulties.

31. We look forward to continuing to work closely with colleagues in the Board to achieve these and other objectives for the benefit of all of the people of Lanarkshire. I have set out the main action points arising from the review in the attached Annex.

Best Wishes
Nicola

NICOLA STURGEON

NHS LANARKSHIRE ANNUAL REVIEW 2007: KEY ACTION POINTS

The Board will:

- Show emerging evidence of measurable improvements in reducing health inequalities;
- Continue to develop innovative approaches to make contact with, and meet the needs of, hard to reach and deprived communities;
- Consider demonstrating the economic benefits of upstream, targeted interventions in health;
- Carry out further analysis around the expected rate of retirements. Work undertaken so far has been largely based on age profiles for the workforce;
- Continue ongoing engagement with the Scottish Government Health Finance Directorate regarding progress on finance and property/capital related issues;
- Redouble efforts to reduce the number of delays and eliminate seasonal fluctuations to achieve the April 2008 target for delayed discharges;
- Put in place robust arrangements to ensure the Local Delivery Plan identifies key actions and how any risks to delivery will be mitigated in order to demonstrate required levels of progress towards achieving the NHS QIS Clinical Governance and Risk Management Standards;
- Continue to have evidence available in order to provide assurances with regard to the robustness of clinical governance and risk management arrangements;
- Consider what additional attention, services and support will be required locally to deliver a 10% reduction in antidepressant prescribing by 2009;
- Address issues of capacity for Child and Adolescent Mental Health Services and keep officials informed of developments.