The Scottish Parliament
Pàrlamaid na h-Alba

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Via email only

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3 May 2019

Dear Calum,

I refer to the appearance of NHS Lanarkshire before the Committee on 26 March and as I indicated at the conclusion of the session I am writing to request information on a range of issues that arose from the session. We would like to request the further information you offered to provide, seek answers to questions posed at the evidence session that you were unable to answer and pursue some issues that the Committee wishes to probe further having reflected on your oral evidence.

The further questions that follow will elaborate and highlight these observations.

Reference in the letter are to column numbers in the official report of the meeting on 26 March.

It would be helpful to have your response by Thursday 23 May.

Yours sincerely

Lewis Macdonald

Lewis Macdonald Convener
Health and Sport Committee

Staffing pressures and sickness absence

In the board's quarterly performance report, staff absence is marked at 'amber' in terms of risk and sits above the national average of 5.65%. Dr Burns advised that in secondary care, the shortfall in workforce is 15-16%, which is significantly above the national average. (Official Report, Col 24) Can you provide further information on this shortfall with a breakdown by specialty? Could you also provide some detail on how you are addressing sickness absence and what work is ongoing to fully understand why it is high. How has the board contributed to the National Workforce Planning process which was started by the Scottish Government in 2017?

In the ISD's workforce report for 2017-18 published in June 2018, NHS Lanarkshire is shown to have higher than average vacancy rates in medical and nursing roles and has higher than average spend on medical agency staff. We understand that although the board has taken measures to reduce its reliance on agency staff, costs have increased from £14,952 million in 2016/17 to £16.219 million in 2017/18. What steps are you taking to reduce agency spending?

David Stewart highlighted that employers normally pay a surcharge for non-EU staff earning over £30,000. Can you provide the most recent figures for NHS Lanarkshire surcharge payments?

On a more general note, could you provide some further narrative on recruitment pressures, and more detail on what you are doing to maximise recruitment in both the community and acute services to address delayed discharge in particular?

Waiting Times

The quarter two report that was submitted by the Board shows that eleven key performance indicators were either 'red' or 'amber'. These are: 12 weeks out patients appointments 18 week referral to treatment, CAMHS, access psychological therapies, advance booking to primary care, Detect Cancer Early, Treatment Time Guarantee (12 week), four hour A&E, SAB infection in addition to sickness absence and financial breakdown.

Heather Knox acknowledged that in 2015/2016, NHS Lanarkshire had approximately 10 percent of the overall number of patients in Scotland who were waiting more than 12 weeks. This figure has now fallen to 3.8 per cent of those waits. Can you elaborate further on how this decrease was achieved and what further steps you are taking to eradicate the 'amber' indicator. (Official Report, Col 30).

Ross McGuffie provided further information on CAMHS, explaining that in recent years, the service has come under increasing pressure: demand for the service has doubled since 2012 and in the past year alone, there has been 60 percent increase in urgent referrals, which has a knock on effect to the wider waiting list (Official Report, 31). In order to combat this sharp increase, Mr McGuffie advised that some temporary staff have been moved to permanent contracts. How has the additional resource been funded and what impact has this had on financial targets and overall budget?

In a board paper, the Finance Director expressed concern that if funding wasn't made available from the £146 million attached to national '30 Month Waiting Times Plan', 'the board would have to balance a significant deterioration in waiting times with a significant financial gap.' Could you update the Committee on any funding that has been received or will be forthcoming to address waiting times in NHS Lanarkshire? How has the board approached the allocation of these resources to ensure sustainable improvement?

Preventative Health

Miles Briggs highlighted that "NHS Lanarkshire continues to have the highest prevalence of all health boards of smoking in its population- 30 percent of the adult population smokes and 19.2 percent of pregnant women report that they smoke". (Official Report, Col 32). We understand Lanarkshire engaged with the pilot project on paying people to quit smoking. Please can you provide further details on the evaluation of this pilot and detail the results it has achieved?

Dr Findlay explained that the family nurse partnership programme works with people with health inequalities and young mothers on smoking cessation. Please can you provide further information on this programme and detail the impact it has had on the community?

Members indicated their interest in diabetes and preventative spend. Could you elaborate further on Dr Burns' thoughts on continuous glucose monitoring and early interventions for the condition. Can you elaborate more generally on plans to invest in new technology and preventative measures in relation to diabetes in particular?

Could you also outline the strategic approach of the board in relation to preventative healthcare, in the context of 'shifting the balance' and health and social care integration priorities?

Delayed Discharge

During the evidence session, the issue of delayed discharge was raised. This is a problem across Scotland with patients kept in hospital longer than they often need to be due to social care provision in the community. Ross McGruffie explained there has been significant improvements with code 9 patients in Lanarkshire (Official Report, Col 34). We understand that this is a coding used to identify patients who are delayed for reasons outwith the control of the Health Board. Can you further elaborate on the steps taken to achieve improvements in Lanarkshire?

Lanarkshire has the third highest percentage of delayed discharge at 11.6% against the Scottish average of 7.8%. South Lanarkshire had a rate of 1118 occupied bed days per 1000 of the population over 75 years and North Lanarkshire had an occupied bed day rate of 1009, against a Scottish average of 762. Each occupied day costs £234. The most recent data January 2019, shows no improvement against other health boards.
The number of bed days were 4211 against 3488 in January 2018 in NHS Lanarkshire.
When asked this question in the evidence session, Ross McGuffie provided the cumulative in -year total for March to January compared to the same periods in the previous year.
Reviewing the figures from January 2018 to January 2019, please can you explain why there appears to be little improvement on delayed discharge year on year compared to other health boards. What steps are being taken to resolve this important issue in Lanarkshire? Please can you also provide further information on the work of the delayed

discharge integrated teams in Lanarkshire and how patients are supported when they leave hospital? When will the Cabinet Secretary's target to eradicate delayed discharge be met in Lanarkshire?

Heather Knox mentioned that 'Lanarkshire is unique in that it has an emergency referral centre". (Official Report, Col 38). Please can you further elaborate on this point and provide statistical information? Can you also advise the extent to which this programme is cost effective?

How does the board balance the urgent requirements to reduce delayed discharges with the strategic need to ensure that reductions in unscheduled treatment and care are sustainable?

Primary Care

Brian Whittle was interested in GP cluster working and multidisciplinary teams. An example was given of a range of physiotherapists working on a rotational basis, moving from hospital to a GP environment. Given the shortage of physiotherapists in Lanarkshire, please can you elaborate on this model and provide further information on the financial impact of this initiative?

When discussing (Official Report, Col 39) the monitoring of the performance of GPs and GP practices that you fund, it was stated the Board do not have access to the primary care indicators for those practices. What representation have you made to the Scottish Government about this lack of access and how does the lack of access restrict your ability to monitor and if necessary, drive improvements in the services they deliver on your behalf?

How does or will the board work, through locality planning, with GP clusters in the context of a growing focus on multi-disciplinary teams. Are there examples of good practice of cluster/MDT working? What are the elements of success and how have these been evaluated and reported?

It has been suggested that one of the issues in Lanarkshire is that rather than going to their primary care provider, many constituents will go straight to the emergency department at hospital. This is primarily due to geography and close proximity of hospitals to the population. (Official Report, Col 40) What steps are you proposing to increase patient use of primary care instead of secondary? What role does the Primary Care Improvement Plan have in addressing such challenges in Localities?

Monklands Hospital

Sandra White raised the issue of Monklands Hospital and the many challenges encountered both with the current building and the proposal for a new site.

You mentioned that of the overall £42 million backlog maintenance, more than £31 million relates specifically to Monklands hospital. There is a physical-fabric problem at Monklands which has had an impact on the recruitment and retention of domestic and nursing staff to the hospital and delivery of a high quality service. (Official Report, Col 44.) What steps are you taking to resolve or manage this issue and restore staff morale at the hospital?

Neena Mahal highlighted that Monklands is not a PFI site, therefore the domestic staff are recruited directly by NHS Lanarkshire. Domestic staff are responsible for cleaning the hospital environment and their role is essential in monitoring maintenance and cleaning systems. Dr Burns also confirmed that throughout the year there have been challenges to maintain the required Healthcare Environment Inspectorate hygiene levels. The staphylococcus aureus bacteremia rate in Monklands is marginally higher than the other two hospitals in Lanarkshire. (Official Report, Col 44). Are there any differences in cleaning and infection control regimes between the PFI and non-PFI facilities? Could you elaborate on how each is managed?

Given the recent issues at the Queen Elizabeth University Hospital (QEUH) regarding water hygiene, external cladding, the ventilation system and glazing failures which have raised concerns regarding patient safety, what steps are you taking to ensure a similar situation does not arise at Monklands? To what extent are the challenges of recruiting domestic staff exacerbating the issue of health hazards in the healthcare environment?

While it was not discussed in the meeting, all members of the Committee were aware of some of the controversy surrounding the reprovision of Monklands, and, in particular, the choice of site and public involvement in the process. In light of the controversy, how would or does the board approach public involvement differently when considering the need for change in service delivery or reprovision? How does the Scottish Government support the board in disinvesting in locally-valued assets and services?