Health and Sport Committee: Health Board Survey 2020

Budget Scrutiny: Health Boards

1. Which Health Board are you responding on behalf of? **NHS Lanarkshire**

2. Please state your **revenue** budget as at the start of the financial year

   £1,267.058m

3. Please confirm any revisions to your **revenue** budget, indicating:

   (a) Changes due to additional COVID-19 funding (split between health and social care)
   (b) Changes for other reasons (please provide details)

	Revenue budget £m
Initial position (as agreed pre-Covid)	1,267.06
Additional COVID-19 funding – health	
Return of bridging funding for excess march prescribing due to people stocking up	-0.429
Hospice Loss of income	1.211
	0.782
Additional COVID-19 funding – social care	
Scottish Living wage uplift	0.914
Integration authority funding	6.167
	7.081
Other changes (further detail in table in section 4)	
Patient advocacyservice adjustment	-0.071
Digital reform and transformation	0.078
Child healthy weight programme	0.209
Neonatal Expenses fund	0.058
	0.274
Revised budget position	1,275.20

Please note that allocations have not yet been made or agreed for the NHS expenditure on Covid during 20/21. These allocations will be made later in the year following a review of the Quarter 1 actual expenditure.

4. Please provide details of how additional COVID-19 funds have been used. Please include details of funding transferred to local government for integration authorities and additional health board contributions to integration authorities.

Funding Relating To IJBs	£ms
Transferred to North and South Lanarkshire IJBs to support immediate issues for the social care sector as per Cabinet Secretary's letter of 12 May 2020	6.167
Transferred to North and South Lanarkshire IJBs to support a 3.3% Living wage uplift for adult social care. Agreement reached with COSLA that this would be a 0.8% top up to the 2.5% already assumed within IJB plans as per Cabinet Secretary letter of 8 June2020. Covid referenced in letter.	0.914
Claw back of bridging funding issued in 2019/20 to cover advance demand in March for prescriptions due to patient concern during covid	-0.429
Funding agreed nationally to compensate the Kilbryde and St Andrews hospices for loss of income due to covid	1.211
Digital reform and transformation: supporting the roll out of the remote blood pressure monitoring and management programme. (Non covid related)	0.078
Child health weight programme: The co-ordination and delivery of a range of community based programmes across Lanarkshire (non covid related)	0.209
	8.150

Funding relating to NHS Board (non covid related)	
20/21 budget for neonatal expenses fund	0.058
Adjustment to PASS contract	-0.071
	-0.013

5. As a result of the pandemic, please indicate:

a. The main three areas of additional spending

In the first phase the three main areas of additional spending for Health have been;

1**: The rapid creation of additional bed capacity to be prepared for the expected peak of Covid 19 cases mid April and the operation of these beds through to July**. NHS Lanarkshire quadrupled its ICU capacity and, put in place arrangements for up to 198 additional beds (through creating or opening wards in the 3 DGH's and reopening closed offsite facilities) and adjusted the physical environment to separate covid and covid free patients. C £4.6m was spent on this in the first 2 months of 2020/21. This cost excludes the cost of existing NHS Lanarkshire staff who were redeployed from their own normal place of work It excludes c £0.6m of set up costs incurred in 19/20. And it excludes the costs of additional PPE which was supplied centrally.

2:**The cost of additional temporary staff to cover for staff absence. Initial advice was to plan for 20% staff absence**. In NHS Lanarkshire there was mass recruitment of over 1000 new starts, including the national recruitment of year 2 and 3 student nurses to work as health care support workers, as well as extra hours from existing staff. In the first 2 months of 2020/21 c £4.4m was incurred.

3: **The cost of community assessment centres for Suspected Covid patients**. NHS Lanarkshire set up a telephone triage hub plus 2 centres. The costs of staffing these for the first 2 months of 2020/21 were c £0.71m plus estates set up costs in 19/20.

The vast majority of increased PPE costs are being met by NSS. So do not feature in the list above

As we move into the second phase the largest ongoing costs will be the local teams to support care homes and to do the complex tracing from the Test and Protect programme (potentially 75% of cases may fall within that category). There are now substantial backlogs in elective care but the pace of recovery is limited by the need for physical distancing and greater turnaround times between patients whilst Covid is still circulating. There is also the need to transform unscheduled care to reduce demand on A & E departments which are likely to involve additional costs. Addressing the public health impact of the pandemic could also be considerable.

b. The main three areas of reduced spending

As the elective programme was suspended mid march 2020, there has been reduced spending on consumables for elective procedures. As theatre staff

were redeployed into supporting ICU and additional beds or to cover for staff who were absent there was not a reduction in staff spending against theatre budgets. As the patients still need treated it is assumed there will be a catch up later with consumables.

Some services have experienced reduced travel costs. However there has been significant expenditure on IM & T and telecoms to allow staff to work remotely.

Postage should be reduced as the same number of appointments have not been arranged however there has been an increase in costs of SMS communications. It is too early to assess the net impact.

6. Of the areas identified in Q5, do you anticipate that any changes in service delivery will lead to longer-term changes in spending? Please provide brief details, including details of anticipated annual savings or additional costs associated with each change. (200 words max for each change)

We anticipate the reduction in theatre consumables to be temporary.

We anticipate moving to a far greater use of video consultations and digital communications. This is likely to require a step change in the IT costs for supporting these platforms. It is too early to complete an overall assessment of the costs of a new approach versus the cost of the traditional face to face attendance.

We are looking at the longer term opportunity for remote working. It is unlikely there will ever be the previous extent of travel to meetings but the net benefit between technology costs and travel costs still need to be assessed. Likewise physical distancing at present means even if fewer people need to be in buildings, the same or more space is required for those that do, so any consideration round estate rationalisation will be longer tern.

7. Which of your performance indicators have been most negatively impacted by the pandemic, and what is the projected effect on their trajectory for the coming year? Please list **three** indicators, showing their expected performance in 2020-21, compared with pre-Covid plans.

1 12 week guarantee for outpatient appointments

At the end of February 2020 published data gave 1222 people waiting more than 12 weeks for an outpatient appointment. Normally over 11,300 people would be seen at

outpatient clinics each month but even with some services moving to virtual clinics, latest local data shows14,726 people waiting more than 12 weeks

2 12 week Treatment Time Guarantee for elective inpatient and daycase procedures

All but the most urgent procedures were postponed from 18 March 2020. At the end of February 2020 published data gave 1980 people waiting more than 12 weeks. Measures were in place to reduce this by end of March to a maximum of 1,700, potentially lower. Latest local data shows 6344 people waiting more than 12 weeks.

3 No more than 6 week wait for 8 key diagnostic tests

.At the end of February 2020 published data gave 955 people waiting more than 6 weeks. There has been no more recent published data since March 2020 but this number is expected to be higher

Services are beginning to work through how they can safely bring patients back in to theatres and clinics and piloting limited lists to test out safe ways of working. The numbers that can be seen in a day are much less than previously. At this stage there is insufficient knowledge to be able to model through to March 2021.

8. When would you expect performance in these areas to recover and what action / spending will be required? (Please provide a brief description for each of the indicators listed at Q7.)

This is still being worked through. No reliable estimate can be put on this at this point.