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Dear Calum

## **NHS LANARKSHIRE: ANNUAL OPERATIONAL PLAN 2019/20**

Thank you for submitting your Annual Operational Plan (AOP), setting out your operational priorities and key actions for 2019/20. May I take this opportunity to thank you and your team for all the hard work that has gone into the preparation of the AOP over the last few months.

As detailed in the guidance we issued in February 2019, the AOP is intended to support NHS Boards and their partners to deliver safe, effective and accessible treatment and care, and provides the basis on which the Scottish Government will hold Boards to account for their contribution over the year to delivering the Cabinet Secretary's priorities including waiting times improvement; investment in mental health; and achieving greater progress and pace in the integration of Health and Social Care.

In responding to your AOP, I would like to take the opportunity to reinforce the importance of adopting a whole system approach to implementation. This will necessitate a clear focus on interagency and integrated working with your key partners and stakeholders across the health and care system, always maintaining the primacy of patient safety as an underpinning principle.

We recognise that this is essentially a one year plan, focusing on 2019/20 at this stage. For next year, we will want to move to align the AOP with the three year planning horizon set out in the Medium Term Financial Framework to ensure that we have clear visibility of the significant change processes that are underway across the system and to ensure that AOPs fully support and reflect the service reform agenda. We will be in touch with you over the next few months to take forward this development process.

For the current year, in relation to Unscheduled Care the proposed performance of a rolling annual average of 95% Emergency Access Standard by March 2020 is expected to be delivered. You have indicated that University Hospital Monklands will achieve 95%, however, we cannot accept your current proposed trajectory for University Hospital Hairmyres and University Hospital Wishaw of 92.5%. In this respect, this part of the AOP is not accepted

and we will work with you over the coming months to ensure you reach and maintain acceptable performance.

This element notwithstanding, I am satisfied that your overall plan broadly meets our requirements and on that basis I am content to approve the remainder of your AOP for 2019/20.

We discussed your financial plan to deliver a breakeven position in each year of the three year planning cycle to 2021/22, along with detail of your planning assumptions and approach. We are content to approve the plan, with the expectation that the Board delivers breakeven in 2019/20. We will use the three-year finance plan as the basis of our discussions with you throughout 2019/20 and into future years.

Following review of your AOP, we have set out in the paragraphs below the specific issues that we expect to be addressed by the Board and we will follow this up with you as part of our ongoing review meetings.

## 1. Elective Waiting Times

Delivery of the agreed waiting times trajectories for outpatients and inpatients/daycases by March 2020 needs to be a key focus. We have agreed quarterly trajectories with you that will deliver the March 2020 position of 1,750 for outpatients and 998 for inpatients/daycases. We will continue to monitor progress frequently throughout the year and any deviation from the quarterly trajectories should be addressed immediately by your Board, with appropriate action taken to secure delivery for March 2020.

With regard to your Board's financial allocation to support improvements in Elective Waiting Times, a total of £10.3 million (including independent sector) has been allocated for 2019/20. Excluding the independent sector allocation, 75% of the agreed funding will be released immediately. In recognition of the complex range of risks and opportunities that exist across the system, the remaining 25% of the sum will follow in early October, conditional upon the achievement of performance at or around the agreed trajectory over the first two quarters of the year. This arrangement is separate from any additional second tranche of funding which may be allocated over the next few months.

You will receive a separate letter in due course, itemising the breakdown of this funding between independent sector and Board investment within the total of £10.3 million. If you have any immediate queries on either agreed trajectories or associated funding, Gordon Frame ([Gordon.Frame@gov.scot](mailto:Gordon.Frame@gov.scot)) is available to help in the first instance. You should note that any funding which is not used for the agreed purpose is liable for repayment.

The existing cross boundary flow charging arrangements remain extant. Work carried out in tertiary centres will be subject to normal arrangements between Boards, as per previous years.

## 2. Cancer Waiting Times

NHS Lanarkshire's continual focus on cancer and ambition to maintain waiting times performance has been noted through receipt of your AOP and accompanying WTIP template. Can I take the opportunity to specifically thank you for your work in improving cancer performance in Lanarkshire. We expect Boards to work towards and deliver against the 31 day and 62 day cancer standards and the Cancer Access Team will now therefore

work closely with colleagues in NHS Lanarkshire to clarify funding requirements and ultimately further improve patient experience and CWT performance.

### **3. Unscheduled Care Waiting Times**

All NHS Boards are expected to deliver the 4 hour A&E Target of 95% - working towards the 98% standard to ensure that patients receive the most appropriate assessment, treatment, support and services at the right time, in the right place by the right person. Given current challenges across NHS Lanarkshire we require you to deliver an annual rolling average trajectory of 95% across the year to March 2020 for Hairmyres University Hospital and Wishaw University Hospital. As noted performance at Monklands University Hospital is generally around 98% and above the 95% target.

The AOP has described the improvements and priorities that the NHS Board will deliver in 2019/20 to work towards this performance on each site.

We appreciate you taking the opportunity for peer review at the Learning Workshop on 21 May 2019 and hope this has further developed your thinking on the plan. As previously discussed progress will be monitored through the monthly Programme Management Action Plan process. Utilising the funded improvement team to deliver your initiatives is expected to further understand the data and information required to implement the 6 Essential Actions including; a robust escalation policy to reduce crowding and exit block; balancing capacity and demand through timely in-patient discharge across 7 days to eliminate boarding; and work closely with Integration Authorities to reduce unnecessary attendances and to reduce length of stay.

### **4. Integration**

Delivery of your objectives will require the pace and effectiveness of integration to increase. As stated in the letter from John Connaghan and Richard McCallum of 25 February, and in line with the proposals from the review of integration, delegated hospital budgets and set aside requirements must be fully implemented.

There is much work underway in each local system, including your own, on delivering the review's proposals and we are grateful for your continued contribution to this. Collaborative leadership across NHS Boards, Local Authorities and Integration Authorities, which empowers and supports IJBs to deliver on their statutory duties and improve outcomes for citizens, is a key priority of the Cabinet Secretary. We recognise the challenges and the opportunities of getting integration fully embedded, and look forward to your continued support in making a success of integration.

We encourage the Board to continue to work in partnership with its Integration Authority partners to maintain the focus on delayed discharge, through the development of community based prevention and support services. North Lanarkshire records a high level of assessment delays and there is a need to continue work to develop the discharge to assess approach and Intermediate Care services. In addition, while we welcome that some improvements were seen in South Lanarkshire, these have not been sustained and this should be addressed.

### **5. Mental Health**

Our ten-year Mental Health Strategy set out our ambition to build a world-class mental health system that works for everyone, and which is centred on a whole-system approach. This will

be enabled through partnership working that brings together people using mental health services and their families, with mental health workforce, and delivery partners across the public and third sectors. We know that specialist services for people with mental health issues need to improve, and it is important that our ambitious mental health treatment targets are delivered and sustained by all NHS Boards across Scotland.

We welcome the trajectories to meet the standard for 90% of CAMHS and Psychological Therapies patients to begin treatment within 18 weeks of referral by December 2020. We also welcome the work being done to collect data on Mental Health presentations at ED. We look forward to working with the Board over the coming year as the actions set out in the AOP are implemented and we will be closely monitoring progress towards the standards.

## **6. Primary Care**

As one of the four signatories to the Memorandum of Understanding (MoU) supporting implementation of the 2018 General Medical Services Contract, NHS Boards are expected to work with Integration Authorities to deliver service redesign as set out within in the MoU.

NHS Boards have a key role to play in implementing this redesign as they provide many of the enablers required to deliver primary care redesign, including workforce planning and infrastructure.

Your Annual Operating Plan set out how your Board will work with Integration Authorities to deliver primary care redesign, and I expect this to be reflected in the second iterations of your local Primary Care Improvement Plan which are currently being drafted and locally agreed.

It is also important for NHS Boards to ensure that, during this period of reform, current primary care services remain safe and sustainable, both in and out of hours. This will continue to be monitored throughout the year and picked up through the Annual Review process as appropriate.

## **7. Healthcare Associated Infection**

Scotland has made significant improvements over the last decade in terms of reducing overall hospital infection rates. Despite this progress, reducing Healthcare Associated Infections (HCAIs) and containing Antimicrobial Resistance (AMR) remains a constant challenge and a key priority for the Scottish Government.

Prevention of infection has a key role to play. As Boards are aware, the National Infection Prevention and Control Manual (NIPCM) is mandatory for NHS Scotland and considered best practice in all other care settings. It ensures that the assessment, reporting and escalation of infection outbreaks and incidents is robust. It is therefore expected that the NIPCM is fully embedded and implemented in all infection prevention and control practices and procedures and that boards are assuring staff compliance with the NIPCM, using a quality improvement approach.

There has recently been a heightened focus on the risk of infection posed by the built healthcare environment and there are lessons to be learned following HCAI incidents and outbreaks over the past 12 months. On 8 March, the DG Health and Social Care (DGHSC) and Chief Executive of NHS Scotland wrote to NHS Board Chairs requesting confirmation that all relevant aspects of the requirements and recommendations contained in the report

published by Healthcare Improvement Scotland, following the unannounced inspection of the Queen Elizabeth University Hospital, are implemented as standard practice.

We therefore ask that you ensure these requirements and recommendations are implemented and that any further findings and learnings are incorporated into your plans going forward; with particular focus on new builds and refurbishment of existing builds and compliance with the relevant Health Technical Memoranda issued by Health Facilities Scotland.

In addition to this, following the publication of the UK's five-year national action plan on AMR, the HCAI standards and indicators for NHSScotland are in the process of being updated to reflect the changing epidemiology of HCAI and the continuing rise in AMR.

## 8. Finance

As Accountable Officer, you have a responsibility for ensuring that the resources of your Board are used economically, efficiently and effectively. At the Annual Operational Plan meeting we discussed your plans to deliver breakeven over the three year period in line with the requirements of the planning and performance cycle. We recognised that there are risks in future years particularly in respect of pressures on acute services.

Successful delivery of your efficiency savings programme will be a key element of delivering the anticipated financial position in 2019/20 and we discussed the requirement for further savings to be identified in-year in order to deliver a breakeven position for 2019/20. In view of this, following the first quarter of the financial year, we will require an update on the financial position, including progress in the identification and delivery of savings. We will further discuss the specifics of what is required, including timescales, with your Director of Finance.

As previously stated, the finalised and signed off AOP will be used as the basis for engagement with the Board over the coming year, and we look forward to working with you to deliver on-going improvement of safe and accessible treatment and care.

If you have any questions about this letter, please contact Yvonne Summers in the Performance and Delivery Directorate in the first instance ([Yvonne.summers@gov.scot](mailto:Yvonne.summers@gov.scot))

Yours sincerely



**Malcolm Wright**  
**Director General for Health & Social Care and Chief Executive of NHSScotland**